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This document was developed under the General Management System of the County of San Diego, and is in support of *Live Well San Diego*.

www.LiveWellSD.org

(619) 542-4141

Major accomplishments were achieved from July 1, 2015 to June 30, 2016.

Thanks to Bruce Even for his work in the development and graphic design of this report.







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# PUBLIC HEALTH SERVICES ACHIEVEMENTS

# Preface

The Public Health Services 2015-2016 Annual Report of Major Accomplishments document presents a summary of the major accomplishments that the Division of Public Health Services (PHS) has achieved during this fiscal year. Accomplishments described in this document are reflective of the commitment, dedication, and operational excellence of the staff of PHS and its branches: Public Health Services Administration; Emergency Medical Services; Epidemiology and Immunization Services Branch; HIV, STD and Hepatitis Branch; Maternal, Child, and Family Health Services; Public Health Nursing Administration; and Tuberculosis Control and Refugee Health.

**This document is divided into five sections**—Major accomplishments, quality improvement projects, publications, research projects, and awards and recognitions. Each section is described as follows:

- Major Accomplishments—Accomplishments are listed by branches and their programs. When possible, these accomplishments reflect the S.M.A.R.T. objectives criteria—specific, measurable, attainable, relevant and time-bound.
- Quality Improvement Projects—Each branch was required to work on at least one quality improvement (QI) project. This section includes a total of

seven projects. Steps for each project included identifying an opportunity and plan for improvement, testing for improvement, using data to study test results, and standardizing the improvement and establishing future plans.

- Publications and Presentations—Each branch was required to publish at least one publication or presentation, which could include posters or abstracts submitted to national meetings; peer-reviewed journals; and articles submitted to other publications, newsletters, or online communications. This section chronicles X such publications and presentations.
- Research—A brief description of 11 branch research projects are listed.
- Awards and Staff Recognition/Development—This section highlights 20 staff who received awards and/or recognitions for outstanding work. It also includes nine staff who completed staff development trainings during this time period.

## MESSAGE FROM THE PUBLIC HEALTH OFFICER



Dear Reader,

I am pleased to present the *Public Health Services 2015-2016 Annual Report of Major Accomplishments* document. PHS is dedicated to community health, wellness and protection of residents in San Diego County. The Division works to: 1) prevent epidemics and the spread of disease; 2) prevent injuries, promote and encourage

healthy behaviors; 3) protect against environmental hazards; 4) respond to disasters and assist communities in recovery; and 5) assure the quality and accessibility of health services throughout the county.

While managing approximately 485 employees with a budget of over \$106.4 million, and 200 contacts, several significant achievements were accomplished during fiscal year 2015-2016. There were:

- 4,240 emergency medical personnel certified by Emergency Medical Services.
- 46,151 birth certificates and 21,753 death certificates processed by the Office of Vital Records.
- 2,780 vaccinations administered at 19 mass vaccination events by the Immunization Program.
- 58,950 doses of influenza vaccine distributed through the Immunization Program.
- 6,413 disease investigations conducted by the Epidemiology Program.
- 61,867 specimens tested and diagnosed for disease by the Public Health Laboratory.
- 13,715 services to 7,162 clients at Sexually Transmitted Disease (STD) clinics provided by the HIV, STD, and Hepatitis Branch.

- 4,425 persons living with HIV treated by the Ryan White Program and 353 persons provided services by the AIDS Case Management Program.
- 2,070 syphilis investigations conducted by the HIV, STD, and Hepatitis Branch.
- 13,417 chronically ill, physically disabled and severely ill children provided assistance by California Children Services.
- 88,936 child health screenings facilitated through the Child Health and Disability Prevention Program.
- 10,880 referrals to health resources through the Assessment and Case Management Services Unit.
- 3,799 families served and 29,947 home visits made by Nurse Family Partnership and Maternal Child Health.
- 234 cases of tuberculosis investigations by the Tuberculosis Control Program.
- 1,797 refugees provided health assessments and referrals by the Refugee Health Program.

These achievements align with the County's vision and mission; reflect the ten essential public health services; and embody *Live Well San Diego*, the County's wellness initiative to achieve the vision of healthy, safe and thriving communities. I invite you to read further to learn more about PHS efforts to achieve our vision of healthy people in healthy communities.

Sincerely,

Wilma J. Wooten, M.D., M.P.H.

**Public Health Officer** 

Director, Public Health Services







#### Visit www.LiveWellSD.org

he accomplishments listed in this report support *Live Well San Diego*, which began in 2010, when the County Board of Supervisors adopted the 10-year plan to advance the health, safety and well-being of the region's more than three million residents. Based upon a foundation of community involvement, *Live Well San Diego* includes three components—*Building Better Health*, *Living Safely*, and *Thriving*.

Live Well San Diego is built on four strategic approaches:

#### 1. Building a Better Service Delivery System

Improve the quality and efficiency of County government and its partners in the delivery of services to residents, contributing to better outcomes for clients and results for communities.

#### 2. Supporting Positive Choices

Provide information and resources to inspire county residents to take action and responsibility for their health, safety, and well-being.

#### 3. Pursing Policy and Environmental Changes

Create environments and adopt policies that make it easier for everyone to live well, and encourage individuals to get involved in improving their communities.

#### 4. Improving the Culture Within

Increase understanding among County employees and providers about what it means to live well and the role that all employees play in helping county residents live well.

#### **Progress Through Partnerships**

Live Well San Diego involves everyone. Only through collective effort can meaningful change be realized in a region as large and diverse as San Diego County. The County's partners include cities and tribal governments; diverse businesses, including healthcare and technology; military and veterans organizations; schools; and community and faith-based organizations. Most importantly, Live Well San Diego is about empowering residents to take positive actions for their own health, safety and well-being.

Every County department is committed to playing an active role and coordinating efforts to make the biggest impact. Annual reports, such as this one, highlight, highlight success stories of local communities, organizations and recognized partners who are making positive changes. These reports can be accessed on the *Live Well San* 

*Diego* website at LiveWellSD.org/about/live-well-san-diego-materials/. This website also includes resources for getting involved; best practice tools for organizations and recognized partners in every sector; and information about the *Live Well San Diego* Indicators, which measure our region's collective progress.

#### **Community Leadership Teams**

Teams of community leaders and stakeholders are active in each of the Health and Human Services Agency (HHSA) service regions. These teams have been involved in community improvement planning and are working to address priority needs over the next few years to realize the *Live Well San Diego* vision.

#### Results

How will progress be measured? The Top Ten Live Well Indicators have been identified to capture the overall well-being of residents in the county. These indicators are part of a <a href="framework">framework</a> that allows the County to connect a wide array of programs and activities to measurable improvements in the health, safety and well-being of every resident.



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# PUBLIC HEALTH SERVICES

### **VISION**

Healthy people in healthy communities.

## **MISSION**

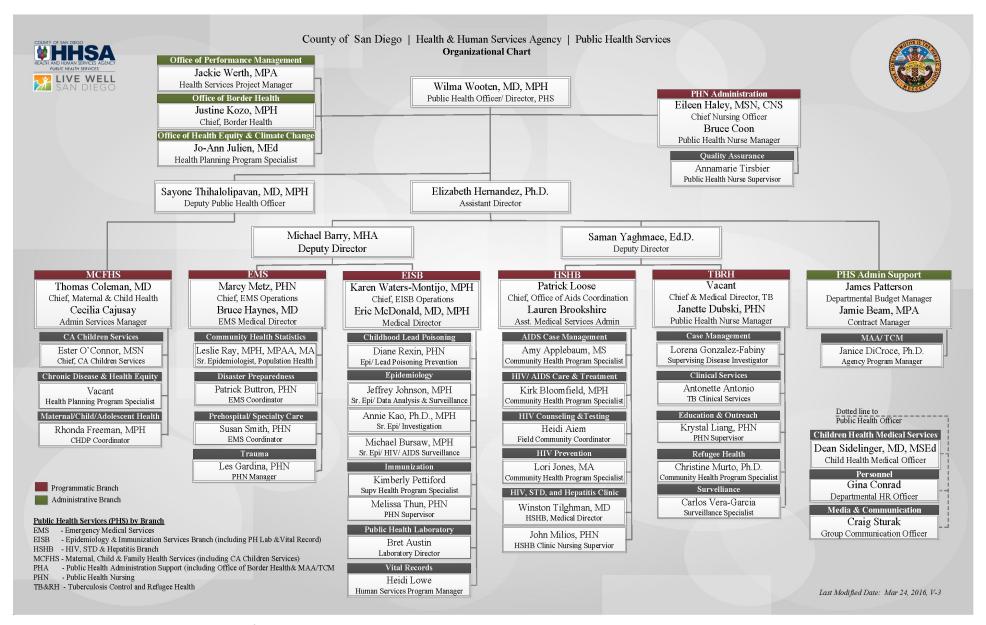
To promote health and improve quality of life by preventing disease, injury and disability and by protecting against, and responding to, health threats and disasters.

## **VALUES**

- . Collaboration
- Diversity
- Respect
- . Responsiveness
- Transparency



# PUBLIC HEALTH SERVICES ORGANIZATIONAL CHART



### **Public Health Services**

# PUBLIC HEALTH ADMINISTRATION BRANCH



Dr. Wilma J. Wooten Public Health Officer



Liz Hernandez
Public Health Services
Administrator



Dr. Sayone Thihalolipavan Deputy Public Health Officer



Saman Yaghmaee Deputy Director



Michael Barry Deputy Director

Number of employees

486

\$108.2 Million

Total budget managed

Number of contracts

**150** 

# PUBLIC HEALTH SERVICES BRANCHES

#### **Administration, Public Health Services (PHS)**

#### Public Health Officer and PHS Director: Wilma Wooten, M.D., M.P.H.

Directs all PHS programs and services. Safeguards the public's health and responds to public health emergencies. PHS includes two programs: 1) The Office of Border Health, which services as a liaison and facilitates collaboration California and Baja California to address shared public health concerns along the U.S.-Mexico border, and 2) Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM). MAA assists County and community programs to recover the costs of enrolling their clients into Medi-Cal covered services. TCM provides specialized case management services to individuals covered by Medi-Cal in defined target populations.

#### **Emergency Medical Services Branch**

#### Branch Chief: Marcy Metz, R.N.

Ensures quality emergency medical services, is involved in community education, prevention activities and research, and provides planning and medical response activities for bioterrorism, natural and man-made disasters.

#### **Epidemiology and Immunization Services Branch**

#### **Branch Chief: Karen Waters-Montijo**

Identifies, prevents and controls communicable diseases and conducts surveillance for various conditions. Works to reduce vaccine-preventable diseases by improving immunization coverage rates via case investigation, education, community collaboration, immunization record assessment, and an immunization registry.

#### HIV, STD, and Hepatitis Branch

#### **Branch Chief: Patrick Loose**

Helps to assure the development and delivery of quality HIV prevention and treatment services. Controls the spread of STDs by treatment and partner services,

screening and prevention, disease surveillance, and reporting. Viral hepatitis preventive services include screening of at-risk persons and protective vaccination.

#### Maternal, Child, and Family Health Services Branch

#### Branch Chief: Thomas Coleman, M.D., M.P.H.

Works to promote health and to protect and support pregnant women, children, families, and communities. To prevent chronic diseases and obesity, the Chronic Disease and Health Equity Unit pursues policy, systems, and environmental change strategies that create healthy places, improve health equity, and make the healthy choice the easy choice. The California Children's Services program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with chronic medical conditions.

#### **Public Health Nursing Administration Branch**

#### Branch Chief: Eileen Haley, R.N.

Provides administrative support to Public Health Nurses who promote and preserve the community's health via education, outreach and collaborative activities. Also provides clinic and nursing quality assurance monitoring.

#### **Tuberculosis Control and Refugee Health Branch**

#### Branch Chief: Kathleen Moser, M.D., M.P.H.

Detects, controls, and prevents the spread of tuberculosis through treatment, case management, and contact investigation. Provides basic health screening and referral services for refugees during their first few months in San Diego County.







- Executive Office
- **Border Health**
- **Budget and Fiscal Services**
- **Contract Services**
- Health Equity, Climate Change, and Trauma **Informed Care**
- Medi-Cal Administrative Activities and Targeted **Case Management (MAA/TCM)**
- Performance Management and Improvement
- Personnel



Border Health and the Office of Emergency Services identified 11 Community and Language Champions who agreed to serve as contacts during emergencies.

#### **Executive Office**

- Provided oversight of Public Health Accreditation Board (PHAB) site visit on February 22-23, 2016.
- Onboarded four Live Well San Diego partners: American Heart Association/American Stroke Association, Be There San Diego, San Diego State University, and the American Diabetes Association, in FY 15-16.
- Achieved national public health accreditation through PHAB on May 17, 2016 by meeting 100 measures.
- Implemented the workforce development plan in FY 15-16.
- Hosted 263 students and volunteers to support Public Health Services (PHS) pipeline in FY 15-16. Students worked in areas that included collecting data, data analysis, literature review, report generation, providing policies and procedures background information, and providing assistance during disaster preparedness exercises.
- Administered the Gallup Engagement Matters (GTM) trainings of 50 staff in FY 15-16. Managers were trained on how to use their strengths to create an environment where staff can best apply their strengths.
- Developed the PHS Ethics Committee Framework to include its process, and policies and procedures in FY 15-16.
- Implemented the PHS Metrics Initiative to include disproportionality and identification in FY 15-16. Four branches presented disproportionality data.
- Approved 15 California Health Alert Network communications in FY 15-16.
- Facilitated the publication of 92 PHS-related news stories on the County webpage.
- Led the process to finalize the Five-Year Binational Strategic Plan in FY 15-16.
- Coordinated the Live Well San Diego Public Health Champion Awards Ceremony on April 8, 2016.

#### **Border Health**

- Conducted seven Emergency Preparedness workshops (in collaboration with the
  Office of Emergency Services) in FY 15-16 in an effort to share County emergency
  and public health resources and increase membership in the partner relay—the
  system for communicating information in multiple languages during emergencies.
- Conducted four partner relay drills (in collaboration with OES) during the FY 15-16

- and identified 11 Community and Language Champions who agreed to serve as 24-7 contacts during emergencies.
- Coordinated the 31st annual blood drive in April 2016. The County exceeded the goal of 400 pints by collecting a total of 426 pints, including 20 first time donors.
- Planned and carried out four bimonthly San Diego Border Health Collaborative meetings in San Diego, in collaboration with the California Department of Public Health (CDPH) Office of Binational Border Health (OBBH).
- Planned and carried out three Border Health Consortium of the Californias meetings, in collaboration with CDPH OOBBH and the U.S.-Mexico Border Health Commission, in San Diego and Tijuana, including a summit that took place in October 2015 with binational speakers presenting on HIV, tuberculosis, mental health and obesity. Over 150 individuals from California and Baja California attended this summit.
- Drafted a Five-Year Binational Strategic Plan in FY 15-16, with input from 19 key
  partners (including County, State and Federal leadership and leadership in Baja
  California) and worked with partners to implement several activities outlined in the
  plan including: three cross-border obesity prevention events and four emergency
  preparedness trainings for the Latino community.
- Worked with the San Diego Diplomacy Council to coordinate a visit of physicians from Romania on August 15, 2015 and with San Diego State University to coordinate a visit of public health academics from Vietnam on June 20, 2016.

#### **Budget and Fiscal Services**

- Provided one financial literacy training to HHSA Financial Threading Group and Public Health Services Leaders in May 2016.
- Completed a funding survey for the Big Cities Health Coalition in May 2016.
- Provided financial information for Public Health Services and Public Health Centers for the Intergovernmental Transfer report, which generates several million dollars in revenue for HHSA in August 2015.
- Implemented a facilities work order/project tracking progress report in August 2015.
- Purchased new chairs and completed installation of new audio/visual systems in three Health Services Complex meeting rooms in FY 15-16.
- Developed a process for revenue agreements in October 2015.
- Completed nine fiscal audits in FY 15-16.



Achieved national public health accreditation through the Public Health Accreditation Board (PHAB) on May 17, 2016, by meeting 100 measures.



## ACHIEVED NATIONAL PUBLIC HEALTH ACCREDITATION!!!

#### **Contract Services**

- Developed a Public Health Services (PHS) Contract and Fiscal Orientation
  presentation for new Assistant Director, Deputy Director, and Department of
  Purchasing and Contracting staff assigned to Public Health Services in March 2016.
- Developed and provided installation oversight for credit/debit card acceptance by Public Health Services in FY 15-16.
- Implemented a standardized Memorandum of Agreement template for Educational and Research Opportunities in FY September 2015.
- Revised and implemented the centralized contract monitoring database to ensure key contract timelines are met in accordance with new HHSA policies in July 2015.
- Provided support to develop 38 Memorandums of Agreement and Memorandums of Understanding.
- Completed two contract audits in FY 15-16.
- Completed 24 procurements and 164 amendments for FY-15-16.

#### Health Equity, Climate Change, and Trauma Informed Care

- Coordinated and hosted a celebration of diversity and inclusion event for 84 public health leaders, County leaders, employee resource groups, PHS staff and others to promote diversity, inclusion and equity in November 2015.
- Hosted at least 12 health equity trainings and provided resources to Public Health Leaders and staff in FY 15-16.
- Developed Public Health 101 presentation in June 2016.
- Submitted trauma-informed strategic plan in fall 2015.
- Hosted Dr. Tamu Nolfo from the California Department of Public Health Office of Health Equity to launch the statewide strategy on Health and Mental Health Equity, on August 20, 2015.

## Medi-Cal Administrative Activities and Targeted Case Management (MAA/TCM)

- Established six new MAA providers in communities around San Diego County to generate additional MAA revenue for claiming beginning with FY 15/16.
- Recovered \$12.25 million in federal MAA/TCM revenues to offset local costs (FY 2015-2016).

- Implemented use of webinars for required annual MAA/TCM trainings in FY 15-16.
- Reviewed MAA/TCM policies/procedures and completed revisions where required.
- Added 2-1-1 San Diego and Facilitating Access to Coordinated Transportation (FACT) as new MAA providers in FY 15-16.
- Added Fallbrook Elementary and High and Ramona School Districts as providers in FY 15-16.
- MAA/TCM staff contributed to the success of the Statewide MAA/TCM Annual Conference by working with other counties to develop a presentation on TCM best practices and by co-presenting the TCM training session, "Targeted Case Management – Encounters and Program Implementation."

#### **Performance Management and Improvement**

- Submitted over 1,100 documents on July 10, 2015 to PHAB to meet 100 nationally recognized measures.
- Coordinated five data sessions for *Live Well San Diego* Regional Leadership Teams to review and refresh their Community Health Assessment in December 2015.
- Provided technical assistance to support completion of six quality improvement projects, resulting in greater efficiencies and improved customer satisfaction in programs across each of the branches, during FY 15/16. This included a Technical Consultation Panel on April 4, 2016, in which Project Teams received recommendations to address challenges experienced in implementing their projects and realizing results.
- Implemented a new performance management system (InsightVision) utilized by the branches and regions to measure collective impact to advance *Live Well San Diego*, during FY 15/16.

#### Personnel

- Centralized Hiring Hall for Public Health Nurses in October 2015.
- Trained PHS staff on Cultural Competency in FY 15-16.
- Provided Progressive Discipline training for all Supervisors and Managers in April and May 2016.
- Provided Performance Review Standards training to Senior Managers in May 2016.
- Completed Open Enrollment/Benefit Training in September 2015.
- Completed Emergency Medical Services Job Study Review, March to May 2016.

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**EMERGENCY MEDICAL SERVICES** 

- Administration
- Base Hospital, Trauma and Specialty Care Centers
- Community Health Statistics
- Disaster Medical Response
- Epidemiology and Surveillance
- Health Emergency Response and Hospital Preparedness
- Information Communication and Collection
- Prehospital Operations



#### **Administration**

- Certified 3,781 prehospital personnel, including Emergency Medical Technicians, Paramedics and Mobile Intensive Care Nurses in FY 15/16.
- Implemented a new system to accept credit and debit cards for certifications to improve customer service in May 2016.
- Increased oversight for the Emergency Medical Services (EMS) system by amending an agreement with FirstWatch to monitor patient transfer of care in FY 15-16.

## **Base Hospital, Trauma and Specialty Care Centers**

- Convened a Cardiac Arrest Task Force to address County of San Diego EMS protocols to improve cardiac survival rates across San Diego County, in January 2016.
- Basic Life Support (BLS) First Responder agencies inspected and approved to Advanced Life Support (ALS) First Responder level in rural areas of San Diego County in FY 15-16.

#### **Community Health Statistics**

- Conducted an analysis of health equity, disparity and disproportionality in San Diego County in June 2016.
- Produced *Live Well San Diego* indicators and expanded them by subregional area, supervisorial district, and city boundaries, in June 2016.

Completed major revisions of seven infectious disease and disaster plans in June 2016.

#### **Disaster Medical Response**

- Participated in Region VI quarterly Medical and Health Operational Area Coordinator (MHOAC) meetings in Riverside in FY 15-16. The purpose of the meetings are to coordinator, collaborate, plan, and carry out disaster planning and exercises in Region VI, as well as receive State updates.
- Represented Public Health in multi-disciplinary meetings disaster and evacuation planning regarding Behavioral Health Services, in February and March 2016.
- Trained four EMS staff in the Federal Emergency Management Agency Chemical, Biological, Radiological, Nuclear, and Explosives course, in June 2016.
- Researched radiological disaster planning to increase knowledge base for planning and education of the community in the last quarter of FY 15-16.
- Conducted and/or participated in 11 exercises in FY 15

   -16. These included conducting a Field Treatment Site
   Alternate Care Site full scale exercise in Carlsbad, with more than 200 field community participants with simultaneous medical surge with 16 hospitals and EMS Medical Operations Center staff on May 5, 2016.
- Filled and trained two Bioterrorism Public Health Nurse and Supervisor positions in FY 15-16.
- Completed major revisions of seven infectious disease and disaster plans, in June 2016.
- Conducted Southern California Regional Coordination of Medical Counter measures distribution plan for Region VI with a full scale regional exercise of the Strategic National Stockpile distribution to multiple Southern California counties simultaneously, in November 2015.

#### **Epidemiology and Surveillance**

- Conducted an analysis of stroke system data in County of San Diego, bringing stroke system data reporting in line with national guidelines, in June 2016.
- Participated in the California EMS Information System and Core Measures State training to understand new state requirements for data collection and reporting, in Los Angeles, in May 2016.

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# **Number of prehospital** personnel certified: 3,781 **Number of field participants** in Alternate Care Site **Exercise in May 2016:**

#### **Health Emergency Response and Hospital Preparedness**

- Evacuated and returned 100 psychiatric patients at appropriate levels of care in April 2016.
- Conducted monthly San Diego Healthcare Disaster Coalition meetings (disaster preparedness and planning meetings with healthcare, law, fire, military, Office of Emergency Services, and American Red Cross in FY 15-16.
- Contracted County of San Diego Hospitals for Hospital Preparedness Grant.
   Contracted Statements of Work defining grant deliverables that each hospital completes in FY 15-16.
- Conducted Rady's Children's Hospital Pediatric Workshop on management of catastrophic pediatric patient surge, with over 120 attendees in April 2016.
- Developed expanded definitions and developed "TRAIN" tool for classification of hospitalized patients by type of transport required for evacuation in October 2015.
- Completed functional and full scale exercises to test "TRAIN" classification tool in November 2015 and April and May 2016.
- Revised patient transportation evacuation tool ("TRAIN") based on November 2015 exercise findings in November 2015.
- Developed and used in an exercise a facility Essential Services Status Report form regarding essential services and status for hospitals in October and November 2015.
- Provided Medical Reserve Corps volunteers shelter and Points of Dispensing training in August 2015.

#### Information Communication and Collection

- Completed the selection process for new data collection systems in order to
  comply with new state regulations by identifying National EMS Information System
  3.4 compliant systems to meet branch and community needs, in May 2016. This
  was the first step of a procurement process where information is collected from
  vendors about what options are available.
- Identified specifications for new radio communications system and console to upgrade obsolete equipment in June 2016.

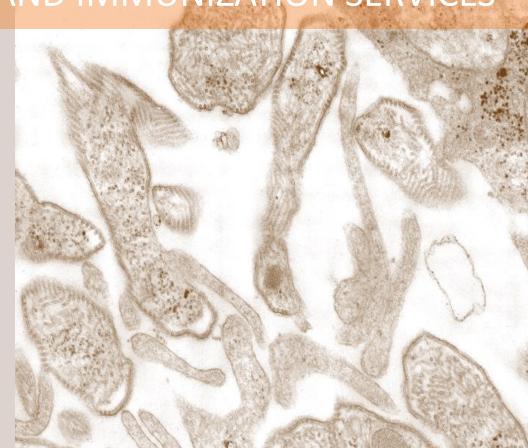
#### **Prehospital Operations**

- Increased Basic Life Support (BLS) first responders to Advanced Life Support (ALS) first responders in 2015-16. County Fire added five fire stations, 25 paramedics to fire engines, along with ALS equipment to agencies in the rural areas.
- Revised the air ambulance utilization policy in accordance with National and State guidelines on which was approved by the Base Station Physician Committee on March 15, 2016, for implementation on July 1, 2016.



# EPIDEMIOLOGY AND IMMUNIZATION SERVICES

- Epidemiology
- Immunizations
- Laboratory
- Vital Records





The Public Health Laboratory tested and diagnosed 61.867 specimens for disease.

#### **Epidemiology**

- Conducted 6,413 disease investigations in FY 15-16.
- Registered 19,546 new disease incidents in FY 15-16.
- Managed 172 disease outbreak investigations in FY 15-16.

#### **Immunizations**

- Managed 58,950 doses of publicly provided influenza vaccine provided throughout San Diego county in FY 15-16.
- Completed 21 collaborative mass vaccination events with Public Health Centers staff and Bioterrorism Public Health Nurses in FY 15-16.
- Obtained 100 percent compliance rate among 923 preschools and childcare centers, 684 kindergarten classes, and 454 7th grade classrooms that completed their mandatory CDPH immunization assessments in FY 15-16.

#### Laboratory

- Tested and diagnosed 61,867 specimens for disease in FY 15-16.
- Performed 2,241 water examinations in FY 15-16.
- Performed 493 rabies exams (animals) in FY 15-16.

- Completed a local Ebola response facility assessment in August 2015.
- Responded to an unannounced Centers for Disease Control and Prevention (CDC) visit for an unannounced select agent inspection from March 7-9, 2016, with no significant findings.
- Passed validation test on the implementation of Zika assays in April 2016.

#### **Childhood Lead Poisoning Prevention** Program

- Provided 80 children with Public Health Nursing case management services in FY 15-16.
- Provided outreach and education to 1,829 children through the provision of print materials and presentations at childcare facilities, Head Starts, community centers, libraries, health fairs, and newsletters in FY 15-16.

#### Vital Records

- Registered 46,151 birth certificates for all San Diego County births in Calendar Year 2015.
- Registered 21,753 death certificates for San Diego County deaths in Calendar Year 2015.
- Issued 670 State Medical Marijuana Identification Cards to qualified patients in FY 15-16.







- Administration
- AIDS Case Management
- Clinical Services
- HIV/AIDS Care and Treatment
- HIV Education and Prevention
- STD Prevention and Contro





Number of HIV tests conducted, identifying 158 individuals living with HIV.

#### **Administration**

- Administered 47 contacts with a contract value of \$9,904,931 in FY15-16.
- Successfully completed both Agency Contract Support audits, HIV Care and Minority AIDS Initiative Program audits, and Schedule of Expenditures of Federal Awards audit with no findings in FY 15-16.

#### **AIDS Case Management**

- Devised a system to access HIV medications for every inmate released into the county from jail, ensuring over 250 inmates left custody with medications awaiting them in FY 15-16.
- Ensured that 100 % of clients, who completed Intensive Case Management program continued with medical care, relapse prevention, affordable housing and other supportive services following completion of program in FY 15-16.

#### **Clinical Services**

- Conducted over 29,000 HIV tests throughout San Diego County, identifying 158 individuals living with HIV, in FY 15-16.
- Implemented risk-based, rapid Hepatitis C Virus testing, in January 2016.
- Assigned and completed 2,070 syphilis related investigations in FY 15-16.
- Received, processed and entered 17,418 chlamydia cases, in Calendar Year 2015.
- Received, processed and entered 3,695 gonorrhea cases in Calendar Year 2015.
   Investigated 829 infectious syphilis cases for Calendar Year 2015, including 490 primary and secondary cases—a 33% increase from 2014.

#### **HIV/AIDS Care and Treatment**

Completed the annual Ryan White program application to secure almost \$11 million in funding for care and treatment services in the County of San Diego, receiving an overall score of 98 out of 100.

#### **HIV Education and Prevention**

- Worked with community partners to expand National HIV Testing Day recognition efforts to include a full week of activities throughout San Diego County leading up to June 27, 2016.
- Worked with community partners, HHSA staff and the Board of Supervisors to develop the Getting to Zero initiative, setting the goal of ending the HIV epidemic over the next 10 years.

Secured nearly \$11 million in funding for HIV care and treatment services.

#### **STD Prevention and Control**

- Screened 100% of all females entering San Diego juvenile detention facilities for chlamydia and gonorrhea, surpassing the State goal of 80% in FY 15-16.
- Treated 92% of all females who tested positive for chlamydia and/or gonorrhea within San Diego's juvenile detention facilities, surpassing the State goal of 80% in FY 15-16.
- Conducted 45 STD presentations for approximately 1,300 representatives of health care organizations, community-based organizations, schools, students and social service organizations in FY 15-16
- Collaborated with the Health and Science Pipeline Initiative to create an HIV/STD 101 presentation at high schools in FY 15-16.
- Completed user acceptance testing and onboarding process for electronic lab reporting for five different lab systems (Scripps Health, Sharp Healthcare, Palomar Health, Tri-City, San Diego Public Health Laboratory) in FY 15-16.



MATERNAL, CHILD, AND FAMILY HEALTH SERVICES BRANCH

- California Children Services (CCS)
- CCS Medical Therapy Program
- Child Health and Disability Prevention
- Chronic Disease and Health Equity
- Maternal, Child and Adolescent Health
- Maternal, Child, and Family Health Services **Assessment and Case Management**







CCS provided medical evaluations, treatment, and case management services for approximately 13,417 chronically ill, severely and physically disabled persons.

#### California Children Services (CCS)

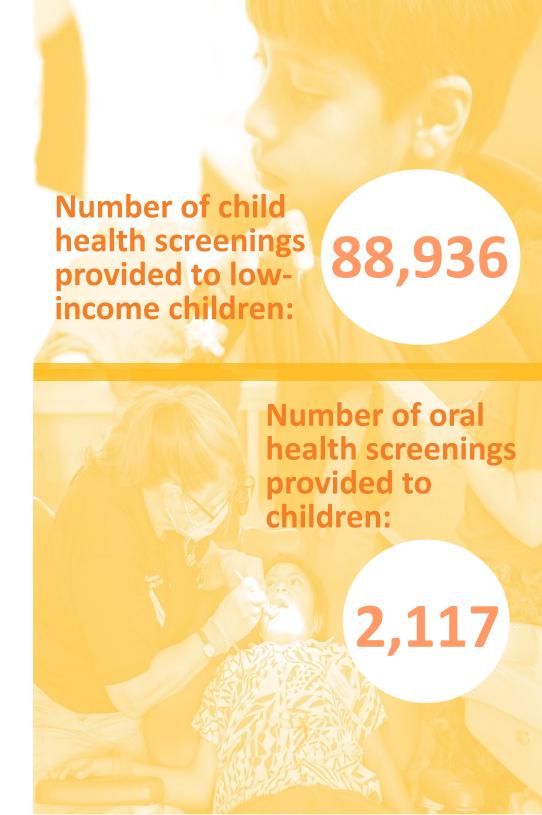
- Provided medical evaluations, treatment, and case management services for approximately 13,417 chronically ill, severely and physically disabled persons in FY 15-16; the top three conditions for San Diego were Infantile Cerebral Palsy, Hearing Loss and High Risk Infants.
- Increased efficiency by exceeding the 68 percent Operations Plan goal for eQuest (electronic medical provider referrals) by five percent for a total of 73 percent in FY 15-16.
- Provided outreach to 10 diverse community partners through 14 in-services
  throughout San Diego to educate about CCS services and improve care
  coordination in FY 15-16. Some community partners included the Rady Children's
  Hospital, Kaiser Hospital, Sharp Memorial Hospital, Chula Vista Elementary
  School District, Involved Exceptional Parents, Infant Development Association, In
  -Home Support Services, University of California San Diego, Steele Canyon High
  School, Logan Heights Family Health Center.

#### **CCS Medical Therapy Program**

- Provided 1,580 CCS children physical and occupational therapy services to local public schools through innovative therapeutic methods and creatively integrating activities that embrace *Live Well San Diego* in FY 15-16.
- Promoted Public Health as a career choice by participating in the educational development of 44 Occupational or Physical Therapy interns from various educational institutes in FY 15-16.
- Improved care and quality of services to eight CCS clients with a history of complex wheelchair seating needs by serving them in the CCS Medical Therapy Program Complex Seating Clinic which provides a comprehensive team approach to ensure creative solutions in FY 15-16
- Created a new CCS Medical Therapy Program Orientation Video to improve public outreach and understanding of the services and quality of care offered by the CCS Medical Therapy Program in May 2016. Included the addition of Spanish and Arabic subtitles to support health equity in these targeted populations.

#### **Child, Health and Disability Prevention**

- Facilitated the provision of 88,936 child health screenings to low-income children through the Child Health and Disability Prevention (CHDP) Program in FY 2015-2016.
- Ensured 100% (50 out of 50) of CHDP providers throughout the county who were due for re-certification scored 88% or higher on the facility and medical record reviews in FY 2015-2016.
- Contributed to the countywide efforts to combat childhood obesity by conducting three anthropometric/body mass Index trainings throughout the county to 109 CHDP providers and their staff in FY 15-16.
- Enhanced providers' knowledge and skills on performing pediatric vision and hearing screenings by educating 325 CHDP providers and community partners through four CHDP vision and audiometric screening workshops held at the Health Services Complex in FY 15-16.
- Facilitated five trainings at the Health Services Complex to 154 providers and their staff on the importance and process of applying fluoride varnish to improve oral health in children and encourage fluoride applications at medical provider offices in FY 15-16.
- Provided care coordination and follow-up on 13,240 CHDP health screenings conducted throughout the county of children identified with health problems in FY 15-16.
- Maintained, supported, and provided quality assurance to 167 CHDP providers in San Diego County and certified five new provider sites to offer no-cost preventive health screenings to CHDP eligible children in FY 15-16.
- Provided a total of 2,117 oral health screenings to children throughout the county in FY 15-16.
- Coordinated with community clinics and other organizations to conduct a six site county-wide sealant/varnish event: 289 children were screened, 183 children received fluoride varnish and 136 children received sealants for a total value of \$44,160 on February 27, 2016.
- Worked with Child Welfare Services, Regional Public Health Nursing, and Juvenile Probation to provide intensive care coordination activities on behalf of 2,651 children in out-of-home care in FY 15-16.
- Ensured 95 percent (2,183 of 2,306) percent of children in out-of-home care received health exams according to CHDP periodicity in FY 15-16; the goal was 90 percent.
- Ensured 84 percent (1,304 of 1,506) of children in out-of-home care received dental exams according to CHDP periodicity in FY 15-16.
- Provided trainings to 685 persons, including social workers, foster parents, nursing students and high school senior students, about the health care needs of children in out-of-home care in FY 15-16.
- Connected children in out-of-home care with medical providers for 3,730 medical needs and referrals in FY 15-16.





Established 29 SNAP-Ed eligible
Wellness Champion child care providers
throughout San Diego County who are
adopting and implementing wellness
policies that improve access to healthy
food and physical activity at their child
care sites.

#### **Chronic Disease and Health Equity**

- Received an award of \$1.2 million from First 5 San Diego to implement a Lactation Supportive Environments in Childcare project over four years (starting September 2016) in June 2016.
- Partnered with Aging and Independence Services to establish the County as a Centers for Disease Control and Prevention (CDC) recognized Diabetes Prevention Program (DPP) provider and initiated the County's first DPP cohort of participants in FY 15-16.
- Supported a community partner in eliminating the sale of sodas at the Balboa Park American Indian Heritage Powwow, an annual two-day event that reaches approximately 1,600 urban Native Americans and Alaska Natives, on May 7-8, 2016.
- Supported the City of San Marcos in developing its first Safe Routes to School Plan that prioritized pedestrian and bicycle improvements for three low-income and high-risk schools in FY 15-16.
- Assisted 28 LiveWell@Work worksites to implement policy, systems and environmental changes that increase healthy nutrition and physical activity impacting 22,312 employees, from October 2015–June 2016.
- Established 29 SNAP-Ed eligible Wellness Champion child care providers throughout San Diego County who are adopting and implementing wellness policies that improve access to healthy food and physical activity at their child care sites in FY 15-16.
- Conducted nutrition education classes reaching over 5,800 low-income residents throughout the County from October 2015-June 2016.
- Assisted eight low-income schools with implementing policy, systems, and environmental changes to increase access to healthy food and physical activity, reaching over 9,000 students countywide from October 2015-June 2016.

- Supported seven faith-based organizations to implement policy, systems, and environmental changes to increase access to healthy food and physical activity, reaching over 1,000 SNAP-Ed eligible residents from October 2015-June 2016.
- Worked with the County's Land Use and Environment Group to secure support from the Board of Supervisors to develop and launch the *Live Well San Diego* Food System Initiative, allowing the County to take on a greater role in the advancement of a safe, healthy, and robust food system in FY 15-16.
- Received direction from the Board of Supervisors to develop nutrition standards for food and beverages purchased and offered at County facilities and through County-sponsored programs to expand healthy and sustainable options.
   Established four internal and external committees to advance development of the standards in June 2016.
- Participated in a CDC pilot project to analyze public health laws for comparison across jurisdictions to determine if the CDC needs to invest more resources into supporting work of local health departments.
- Recruited 12 small-to-medium sized markets to participate in the Healthy Retail Program; seven of them instituted environmental changes to the interior and exterior of their stores to promote healthier options in FY 15-16.
- Co-hosted an Electronic Benefits Transfer (EBT) sign-up event with the County's Agriculture, Weights, and Measures and the United States Department of Agriculture, resulting in eight new farmers' markets and farm stands signing-up to accept EBT on-site on May 16, 2016.
- Provided public health input and technical assistance to four cities on their state Active Transportation Program grant applications from March-June 2016.
- Supported the City of San Diego's active transportation planning as part of two Community Plan Updates in FY 15-16.

#### Maternal, Child and Adolescent Health

- Maintained implementation of the Learning Management System Domestic Violence (DV) Essentials Training Modules four-part series that included completion by 594 County employees, from July 1, 2015 to April 30, 2016.
- Supported the San Diego Domestic Violence (DV) Council in restructuring the Council organizationally to align with recommendations from the Family Violence Prevention and Response Initiative, from October 2015 to January 2016.
- Established four Memorandum of Agreements (MOAs) with First 5 First Steps
  Home Visiting Programs to coordinate and streamline referral processes to
  increase Medi-Cal enrollment for pregnant women to promote early and
  continuous prenatal care, and to increase access to and participation in home
  visiting services in February 2016.
- Conducted annual quality assurance site visits, including chart reviews, for 76
  percent (39 of 51) of Comprehensive Perinatal Services Program (CPSP) active
  provider sites in San Diego County (goal was 70 percent) in FY 15-16.
- Had no infant deaths occur in the Black Infant Health Program in FY 15-16.
- Collaborated with Rady Children's Hospital Center for Healthier Communities
   FACES for the Future Internship Program at Hoover High School to implement a
   three-week curriculum to 20 female high school juniors utilizing Being Healthy
   Teen Wheel topics, skill-building activities and games, and discussion of public
   health career exploration from January 12, 2016 to January 28, 2016.
- Educated over 100 middle school girls and their parents/guardians at the Adelante Mujer Conference using the Being Healthy Teen Wheel on the importance of overall healthy lifestyle choices on March 5, 2016.
- Provided training and education to 114 community partners on various Maternal, Child and Adolescent Health (MCAH)-related health topics to increase knowledge to better service women, children, and families on November 3, 2015, February 2, 2016, and May 3, 2016.

# Maternal, Child, Family Health Services—Assessment and Case Management

- Assisted 93 percent (603 of 648) of pregnant women with getting prenatal care within 30 days of calling the Perinatal Care Network toll-free phone line (goal was 70 percent) in FY 15-16.
- Provided 10,880 client referrals to health resources and programs, including Medi-Cal, CHDP, Women, Infant and Children, Family Planning, Access, Care, and Treatment (PACT), and Text for Baby, through the Assessment and Case Management Services (ACMS) Phone Line in FY 15-16.

Number of community partners trained and educated on MCAH-related health topics:

114

Percentage of pregnant women assisted with getting prenatal care within 30 days of calling the Perinatal Care Network:

93%



# PUBLIC HEALTH NURSING ADMINISTRATION

- Public Health Nursing
- Clinical Quality Management





**Public Health Nursing** organized and presented six Points of Dispensing trainings at six regional health centers.

#### **Public Health Nursing**

- Organized and presented six Points of Dispensing trainings at six regional health centers in FY 15-16.
- Identified four new institutions interested in collaborating on nursing education to enhance Public Health Nursing practice in FY 15-16.
- Facilitated 49 inspections of adult and juvenile detention facilities throughout San Diego County for Title 15, in FY 15-16. Processed 117 inspection reports for review and approval. Sent all 49 reports to Sacramento, and back to detention facility representatives in FY 15-16.
- Facilitated the renewal or development of 12 Public Health Services policies and procedures.

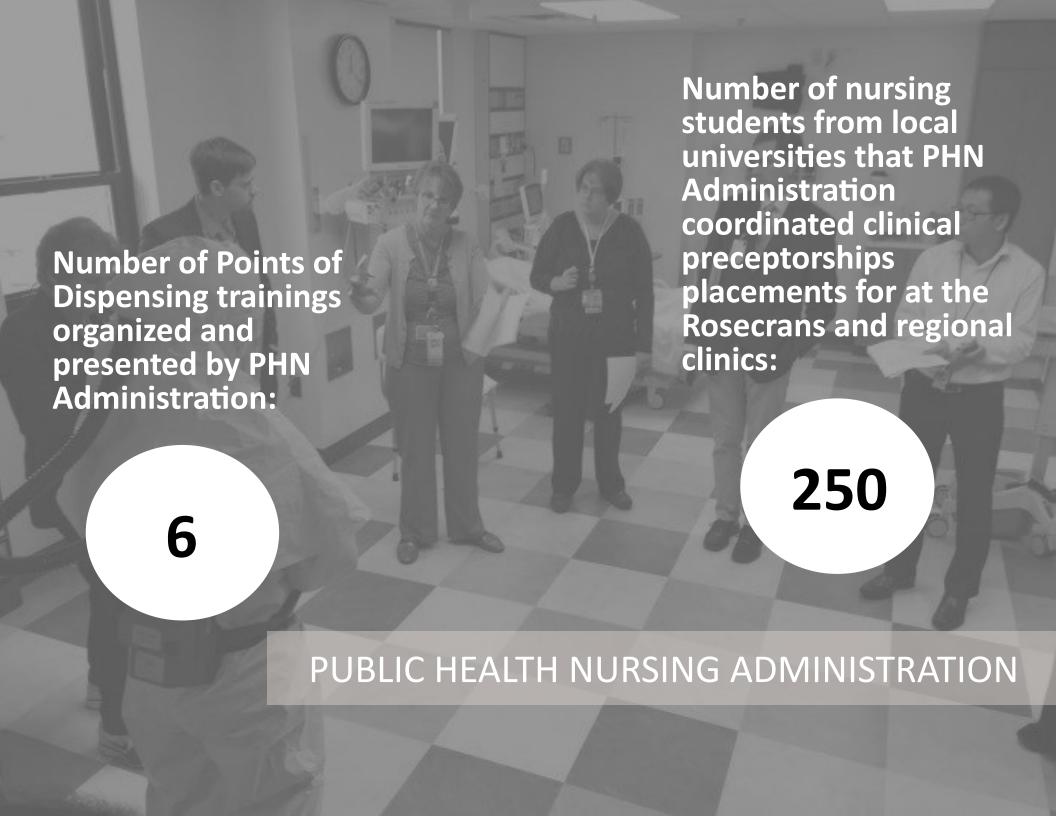
#### **Clinical Quality Management**

- Coordinated the placement of nursing students in clinical preceptorships throughout Rosecrans and regional clinics for 250 students from six local and distance-learning colleges or universities from September 2015 to June 2016.
- Completed 10 Clinic Site Assessments at all Rosecrans and regional clinics, plus Polinsky, to identify compliance with Title 22 requirements at 90 percent or better, between February to April 2016. All sites passed with no corrective actions identified.
- Coordinated implementation of Persimmony Electronic Case Management system

- throughout all six regions to 20 Home Visiting Public Health Nurses from February to June 2016.
- Maintained clinic credentials and permits for all six regional clinics plus the two clinics at Rosecrans during FY 15-16.
- Established one new Memorandum of Agreement (MOA) and renewed three existing MOAs: (New) Asuza Pacific; (Renewed) Kaplan, Point Loma Nazarene University, San Diego State University in FY 15-16.
- Maintained clinic credentials and permits for all six regional clinics plus the two clinics at Rosecrans during FY 15-16.

#### Nurse Family Partnership/Maternal Child Health Home **Visiting Programs**

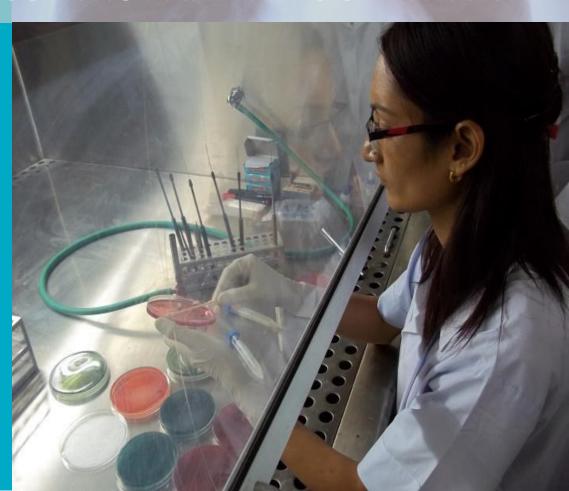
- Facilitated the achievement of 100 percent of Nurse Family Partnership (NFP) clients having a medical home during the program in FY 15-16.
- Facilitated the achievement of 95 percent of NFP babies being up-to-date with immunization coverage at 24 months of age in FY 15-16.
- Facilitated the achievement of 62 percent of Maternal Child Health (MCH) and NFP clients continuing to breastfeed until their infants were six months of age in FY 15-16.
- Facilitated the achievement of getting 50 percent of MCH and NFP clients to reduce smoking in FY 15-16.





# TUBERCULOSIS CONTROL AND REFUGEE HEALTH

- Tuberculosis (TB) Case Management
- TB Clinical Services
- TB Education and Outreach
- TB Surveillance
- Refugee Health Program





Provided 3,143 tuberculosis (TB) skin tests at the Rosecrans TB Clinic.

# TUBERCULOSIS CONTROL AND REFUGEE HEALTH

#### **Tuberculosis (TB) Case Management**

- Ensured that 95 percent (172 of 181) of tuberculosis (TB) cases completed the recommended treatment course from January to December 2013.
- Maintained 93 percent (472 of 510) of contacts evaluated as per Centers for Disease Control and Prevention recommendations from January to December 2014.

#### **TB Clinical Services**

- Provided expert clinical services and consultation for adults and pediatric care, regardless of geographic area, to ensure best practices and safety net TB care for FY 15-16:
  - Total number of X-ray procedures done at Rosecrans (Health Services Complex) TB Clinic and regional public health centers: 3,614 (Rosecrans clinic: 2,213; Regional Public Health Centers: 1,041)
  - Number of Induced sputums: Rosecrans clinic: 971; North Coastal: 99;
     North Inland: 7; and South Bay: 35
  - Number of TB skin tests placed at Rosecrans TB Clinic: 3,143
  - Number of QuantiFERON tests done at Rosecrans TB Clinic: 668
  - Number of Nurse Visits at Rosecrans TB Clinic: 1,437
  - Number of Provider Visits at Rosecrans TB Clinic: 1,095, (New patients: 576, Return patients: 519)
- Reviewed 100 percent (41) of clinic customer satisfaction surveys for FY 15-16.
- Reviewed 100 percent (32) of field services surveys in FY 15-16.
- Conducted a total of 32 customer service follow-up surveys, four surveys per TB field nurse in FY 15-16.
- Conducted a total of 24 customer service group site follow-up surveys, four surveys per TB communicable disease investigator in FY 15-16.

#### **TB Education and Outreach**

- Conducted 78 TB presentations to community groups in the County of San Diego, reaching over 1,800 individuals in FY 15-16.
- Initiated phase one of Latent TB Infection outreach campaign development process with multi-lingual educational videos scheduled for distribution to the San Diego County central TB clinic and the six public health centers from March to December 2016.
- Updated and posted a TB epidemiology report and fact sheet on the County website in March 2016.

#### TB Surveillance

- Maintained the percentage of all cases with TB who have been tested for HIV infection at 90 percent (209 of 231) from January to December 2015.
- Ensured 95 percent of TB cases are reported annually to PHS within one working day from the start of treatment (Met 98%), from January to December 2015.

#### **Refugee Health Program**

- Ensured 90 percent (1,788 of 1,854) of incoming refugees start the health assessment process in the County of San Diego (Met 97 percent) from October 1, 2014 to September 30, 2015.
- Ensured 90 percent of children younger than 18 who are eligible to receive scheduled immunizations at the time of the health assessment are immunized (Met 100 percent-649 of 649) from October 1, 2014 to September 30, 2015.
- Ensured 90 percent (1,622 of 1,788) of refugees who started the health
  assessment process completed the health assessment process in the County of
  San Diego (Met 91 percent) from October 1, 2014 to September 30, 2015.

# TUBERCULOSIS CONTROL AND REFUGEE HEALTH

Number of tuberculosis skin tests placed at the Rosecrans clinic:

3,143

Number of refugees who completed the health assessment process:

1,622

Number of tuberculosis presentations to community groups in the County of San Diego in FY 2015-2016:

**78** 



PUBLIC HEALTH SERVICES BRANCH QUALITY IMPROVEMENT PROJECTS

#### 2015/2016

#### SAN DIEGO COUNTY PHS STORYBOARD

LOCAL BRACH:

PHS - Admin

ADDRESS:

3851 Rosecrans, San Diego, 92110

PHONE NUMBER:

Jackie Werth at 619/542-4183

**POPULATION SERVED:** 

All QI staff at PHS

PROJECT TITLE:

QI on QI

# PLAN Identify an Opportunity and Plan for Improvement

#### 1. Describe the Problem

Consistent with national public health accreditation, all PHS departments must develop quality improvement (QI) programs. The Public Health Officer expects each PHS Branch to conduct a OI project each year (larger branches are to conduct 2 projects) totaling 8 projects. However, there are indications that QI staff need additional technical support in order for projects to be successful. A baseline NACCHO self assssessment conducted iin 2014 revealed a need to strengthen capacity. Results reflected that we are at Phase 3 of 6 in that OI is relatively ad hoc and informal within PHS. The lowest ranking was 3.5 for "Culture" referring to a need to strengthen leadership and provide dedicated resources in order to bring about transformational change through QI.

#### 2. Assemble the Team

- Dr. Wooten, Public Health Officer and Team Sponsor
- Jackie Werth, Performance Improvement Manager and Team Leader
- Eva Ting-Lang, Intern and Team Member
- Hitomi Hayashi, Intern and Team Member
- All Branch QI Project Leads, Team Participants

#### 3. Examine the Current Approach

The current approach had been to convene QI Knowledge Hours (QIKH)—referring to hour long training offered each month to all interested staff (who attend via WebEx or in-person) between

September 2014 and September 2015. Each Knowledge Hour featured a QI technique and an exercise. Because attendance had been low (10 staff or fewer), a survey was conducted in September 2015 to gather feedback from the Branch QI staff. This survey revealed the following:

- Scheduling conflicts made it difficult to attend
- Topics were often not relevant to a particular project
- Need for individualized TA on-demand

#### 5. Develop an Improvement Theory

If we offer more just-in-time and tailored technical assistance, the quality of projects (in terms of design, results and timely completion) will improve and QI Project Teams will have greater satisfaction with the support provided.

#### 4. Identify Potential Solutions

Figure 1 shows the steps undertaken with this projects sequentially from top to bottom.

Figure 1:



- Enhance the Charter and Storyboard templates so that staff have more guidance for project design and reporting.
- Offer one-on-one consultation with QI project teams at pivotal times—early in the FY when preparing their charter; at mid-

- point when implementing their projects; at end of FY when preparing their Storyboards.
- Develop a QI Scoring Tool to use at the one-on-one consultations to help guide the consultation and score projects.
- Refresh the SharePoint (Performance 2.0) in order to improve access to QI resources and tools.
- Obtain additional training resources for staff—either via Webinar or in-person training.

To illustrate, Figure 2 compares the original one-page Charter to the new Charter which is several pages long and provides much greater guidance to Project leads.

Figure 2.



New Expanded Charter



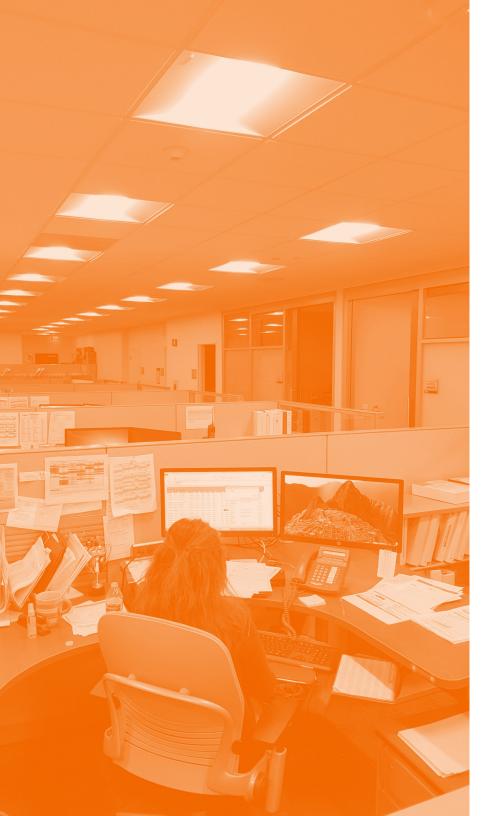
DO
Test the Theory for
Improvement

#### 5. Test the Theory

Scoring Tool was administered at the initial QI Project consultations

# ADMINISTRATION PUBLIC HEALTH SERVICES

Project: Quality Improvement (QI on QI)



when Charters were being developed, as well as when Storyboards were submitted early the following fiscal year. Written feedback was also provided at the mid-year consultation panel convened in April 2016 when several expert staff offered advise on project progress.

Results for Charters and Storyboards in 2014-15 (before these consultaitons were initiated) were compared to results for Charters and Storyboards in 2015-16 (when these consultations were conducted).

# STUDY Use Data to Study Results of the Test

#### 6. Check the Results

Both oral and written feedback was provided to every QI Project team who presented at the Technical Consultation Panel. Survey results showed that participants found it useful and modified project design or implementation to address the feedback. However, comments revealed that it it would be better in future to spend less time on project overviews and more time discussing challenges.

The results from using the Scoring Tool is the principal outcome measure for this QI project. The results show a slight improvement in terms of the quality of both the Charters and Storyboards when comparing FY 14-15 Projects to FY 15-16 Projects out of a possible score of 5 for each dimension rated (see Table 1). Because of the small number of projects evaluated (8 QI Projects each year), these findings are not statistically significant. But they do reflect favorably on the overall approach.

For the Charters (see Figure 3), improvement in clarification of the Aim Statement, Objectives, Metrics and Milestones are indicated. No improvements are reflected in the Scope and Staffing, with a lower final score for Fit (referring to charter components fitting together).

For the Storyboards (see Figure 4), improvements are indicated in the Approach and Standardization

(referring to standardization of improvements). However, the score for developing a Theory of Improvement was slightly lower and there was no gain at all for Outcomes (referring to evidence that improvements achieved) even though is probably the most important indicator of project success.

Figure 3: Comparison of Scores for Charters

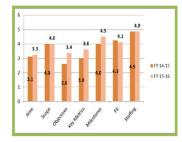


Figure 4 Comparison of Scores for Storyboards

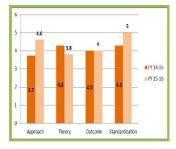


Table 1: Average Results Compared

Compared			
Average Score	Charter	Storyboard	
FY 14-15			
Project	3.7	4.07	
FY 15-16			
Project	3.81	4.35	

#### 7. Constraints

There are several constraints to the project. While the mid-year Technical Consultation Panel benefited from the input of a wider array of reviewers providing feedback, the scoring of the Charters and Storyboards was performed by the Performance Improvement Manager with the QI

Interns only. Even though the standardized tool was used, the scoring itself was subjective. There was also some changing out of projects each year as certain projects were abandoned or extended and therefore the projects evaluated for Charters were not always the same as were evaluated for Storyboards.

#### ACT

Standardize the Improvement and Establish Future Plans

# 8. Standardize the Improvement or Develop New Theory

Tailored technical assistance will continue to be provided into FY 16-17 utilizing a Scoring Tool (if not the same, an expanded version).

#### 9. Establish Future Plans

- Re-survey staff regarding their overall satisfaction with QI support and to identify additional needs.
- Hold a QI Resource Fair during FY 16-17 so that Branches can share their QI work and obtain additional training. The purpose would also be to encourage greater engagement of staff at all levels of PHS.
- Re-survey staff using the NACCHO assessment tool to determine progress achieved and continuing challenges in order to build a strong QI culture and practice across PHS.
- Continue the practice of providing tailored technical assistance at key points during the conduct of QI Projects, including scoring Charters and Storyboards.

#### **STORYBOARD**

Emergency Medical Services (EMS) LOCAL BRANCH:

6255 Mission Gorge Road, San Diego, 92120 ADDRESS:

PHONE NUMBER: 619-285-6429

County of San Diego EMS community and internal and POPULATION SERVED:

external stakeholders

EMS Phone Line Automation

PROJECT TITLE: Multi-Year Project







## **PLAN**

Identify an Opportunity and Plan for Improvement

#### 1. Describe the Problem

The goal of Emergency Medical Services (EMS) is to provide exceptional customer service to the San Diego County EMS community. A challenge to reaching this goal is call volume, reaching up to 100 phone calls per day during peak periods, and limited staff.

There is one main line for all staff at EMS. The Certification Services staff answers all calls while serving customers at the front counter.

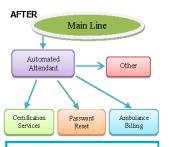


2. Examine the Current Approach The majority of calls are related to hours of operation, location, licensing, Livescan results, and other Certification Services questions.



3. Identify Potential Solutions If the calls are routed to the appropriate party, it would reduce time on the phone. More time will be available for customer service at the front counter and to process applications in a timely fashion.

The chosen solution was a Basic Automated System with up to 10 options - no additional cost. Phone tree routes calls to the appropriate party with selections for the most frequently asked questions and useful information.



#### AIM Statement:

To implement an inbound phone system for the EMS main phoneline. A phone system utilizing an automated attendant may play an informational message, transfer caller to the appropriate department or employee, answer basic questions or connect the caller with an operator. This will provide improved timeliness for customers while reducing the amount of time clerical staff spends on the phone.

# 4. Develop an Improvement

Data was collected in February and August 2016. Most calls are for Certification Services, followed by County of San Diego QA Collector Sytem password resets, calls transferred to EMS staff unrelated to Certification Services, and calls referred to other County departments (see pie chart).



Many of the 25% transferred and 13% other calls can take up to 10 minutes for staff to determine how to properly answer and route the call to the correct staff member or other county department.

Incoming calls will be routed quickly to reduce the length of time staff will be on phone calls. Over half the calls will not require staff time at all. The desired outcome is increased productivity and customer satisfaction.

### Test the Theory for Improvement

#### 5. Test the Theory

AT&T/ConvergeOne deployed the Basic Automated System in April 2017. The amount of time spent on phone calls has significantly reduced to maximize EMS's human resources.

Another notable result of this project has been improved productivity by the Certification Services staff.

> STUDY Use Data to Study Results of the Test

#### 6. Check the Results

The project is still in the implementation phase. After some time has passed and more data is collected, modifications will be made to the system as needed. The progress will be closely monitored and analyzed for continued improvement during FY 17/18. Requests for additional resources will be sought to implement a staff directory in FY 18/19.

### Standardize the Improvement and Establish Future Plans

#### 7. Standardize the Improvement or Develop New Theory

Monitoring and data collection will continue on this quality improvement project in order to develop more operational enhancements in the future.

# **EMERGENCY MEDICAL SERVICES**

**Project: Phone Line Automation** 



#### **STORYBOARD**

Epidemiology and Immunization Services LOCAL BRACH: Branch ADDRESS:

3851 Rosecrans St., San Diego, CA 92110

866-358-2966

Hepatitis B Positive Pregnant Females and

their infants

Perinatal Hepatitis B Prevention Program (PHBPP) Pregnancy Determination Project





#### PI AN

**Identify an Opportunity and Plan for Improvement** 

#### 1. Describe the Problem

PHONE NUMBER:

PROJECT TITLE:

POPULATION SERVED:

The Perinatal Hepatitis B Prevention Project (PHBPP) works to prevent Hepatitis B infection in infants born to Hepatitis B+ mothers through case management and promotion of the Hepatitis B vaccine series. Pregnancy status must be determined for all females of childbearing age (14-46 years) who are reported as Hepatitis B positive through the normal communicable disease reporting mechanisms. Two problems with reporting were identified: a) Hundreds of positive Hepatitis B lab reports for women of childbearing age are submitted to the Epidemiology Program without current age of the patient; and b) Providers do not report pregnancy status with Hepatitis test results. To determine eligible cases, multiple hours are invested in contacting physicians to assess age and pregnancy status.

#### 2. Assemble the Team

Our QI team consists of the:

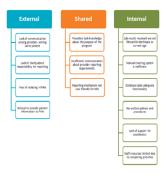
- Chief of EISB
- Immunization PHN Supervisor
- SR PHN & PHBPP Coordinator
- SR PHN case manager
- PHN case managers
- Clinical Assistant
- Education, Training & Outreach Manager

#### 3. Examine the Current Approach

Steps involved in identifying PHBPP case management clients involve:



An Affinity diagram was completed to identify external (provider level), internal (PHBPP level) or shared problems:



The shared problems were then examined further to identify potential improvement strategies which would potentially lead to improvements on the external and internal problem lists also.

#### 4. Identify Potential Solutions

- Create a WebCMR alert that identifies females of childbearing age - requires collaboration with WebCMR Data Reporting Unit and may require new report features from vendor
- Encourage direct reporting from providers by developing an electronic pregnancy report form for providers to submit for all Hepatitis B positive patients.
- Educate providers on State and Federal reporting requirements

#### 5. Develop an Improvement Theory

After significant review and discussion of the challenges in the process to determine eligible cases, the Team has theorized that moving from a passive surveillance system to an active surveillance system would improve ability to identify eligible cases more efficiently. Timely reporting of pregnancy status is dependent on a) Provider knowledge of reporting requirements; and b) Ease of provider reporting to the PHBPP. To address provider knowledge, the Team decided to develop and distribute a PHBPP toolkit. To address the issue of reporting pregnancy status, the Team developed a PHBPP Pregnancy Status Report form to pilot with providers who have the most numbers of eligible patients.

# **EPIDEMIOLOGY AND IMMUNIZATION SERVICES**

**Project: Perinatal Hepatitis B Prevention Program Pregnancy Determination Project** 



health department who settings should use the Perinatal Hepatitis B Pr	re the patient resid s form to indicate t	es (Tide 17, e	CCR 6 25	8 surface antigen (00 (b). Communit is of women wh	y healt	centers, hor	spitals, a	od 08-G
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DO
Test the Theory for
Improvement

#### 6. Test the Theory

- Determine baseline time required to determine pregnancy status for each reported case. The Team created a tracking tool to measure the amount of time from receipt of the lab report to determination of pregnancy status.
- <u>Develop Perinatal Hepatitis B</u>
   <u>and Pregnancy Status Report.</u>
   The Team developed this form to be filled out by physicians and submitted to Public Health by fax.
- Identify three provider groups to pilot test the Status Report.

  The Team invited several providers to use the form for reporting pregnancy status.

  None of the providers responded. The Team has discussed with a large health system that is willing to distribute the form to its providers.
- <u>Develop the PHBPP Provider</u>
   <u>Toolkit.</u> The Team assembled information to describe the purpose of the program and how it benefits and

complements preventive care for mother and baby.

provider visits to share information

and the pilot form.



STUDY

Use Data to Study Results of the Test

#### 7. Check the Results

- Baseline time was determined to be 13.4 days with a range of 0 to 41 days (n=25 cases completed out of 71 total referrals since tracking tool implemented 8/6/16).
- Program staff are continuing outreach to local providers regarding piloting of the Status Report form.
- PHBPP Toolkit is being finalized and will be posted 12/1/2016 and distribution will begin 12/1/2016.

ACT Standardize the Improvement

# 8. Standardize the Improvement or Develop New Theory

and Establish Future Plans

The Team has developed a new theory that the education component should precede the distribution of the pilot form. Over the next year, the Team will complete the toolkit and conduct provider visits to share information and the pilot form.

#### 9. Establish Future Plans

Over the next year, the Team will complete the toolkit and conduct

ADDRESS:

#### **STORYBOARD**

LOCAL BRANCH: HIV, STD & Hepatitis Branch

3851 Rosecrans Street, San Diego CA

92110

PHONE NUMBER: 619-293-4700

Persons living with or at risk for HIV and POPULATION SERVED:

Improve Patient Experience by

Implementation of Appointment System in

PROJECT TITLE: the Rosecrans STD Clinic



#### **PLAN**

Identify an Opportunity and Plan for Improvement

#### 1. Describe the Problem

The Rosecrans STD Clinic operated as a walk-in clinic and accepted patients until it reached its daily capacity prior to December 2014. The average patient waiting time was highly variable and depended on the number of clients presenting to the clinic for services at that particular moment. This resulted in long waiting periods and inconsistent clinic flow on a frequent basis. In order to decrease patient waiting times and stabilize clinic flow, the STD clinic rolled out a phone-based same-day appointment system in December 2014. The clinic conducted a time study in June 2015 to determine the impact of the appointment system on patient wait times and clinic flow by comparing the results to a time study that took place in June 2014 prior to implementation of the new system. Clinic leaders initiated a Lean Six Sigma (LSS) quality improvement (QI) project to perform a comprehensive evaluation of clinic processes and to confirm the decrease in patient wait times observed in the June 2015 time study.

#### 2. Assemble the Team

The LSS Team consisted of Jose Barraza (Office of Business Intelligence), Blair Hoppe(Office of

Template updated: 10/13/2015

Government), leWaun Franks (Agency Executive Office), and Manuel Castaneda (Escondido Family Resource Center). The LSS Team collaborated with STD clinic leaders, including the Senior Physician, Public Health Nurse Supervisor, Clinic Services Coordinator, Supervising Communicable Disease Investigator. Public Health Nurse, and Senior Office Assistant.

#### AIM Statement:

By March 31, 2016, the project team will conduct a comprehensive evaluation of Rosecrans STD Clinic processes and the effect of the same-day appointment system on patient waiting times and clinic flow.

#### 3. Examine the Current Approach

The project team conducted interviews with a representative sample of staff members from the Rosecrans (n=4) clinic and one of the regional public health center STD clinics (n=3). The team also reviewed clinic visit and personnel data from PeopleSoft and the Public Health Information System (PHIS). The team conducted a longer time study in December 2015 (10 days versus 5 days in June 2015) to provide more robust data regarding patient wait times and clinic flow and to better account for differences in staffing levels. They compared these data to the June 2015 time study data.

#### 4. Identify Potential Solutions

Clinic leaders believed that the implementation of the same-day appointment system would create a more constant and predictable flow of patients during the course of the day. In turn, that would significantly decrease patient waiting times and would prevent bottlenecks in clinic flow. Clinic leaders developed a same-day appointment system specifically to allow patients to be evaluated for symptoms in a timely manner and to reduce the number of appointment no-shows. In order to ensure that priority patients (i.e., those with known STDs or contacts to STDs) are accommodated, clinic leaders authorized CDIs to preschedule priority patients on one clinician's schedule. In order to remain accessible as a safety net clinic, clinic leaders created a limited number of walk-in appointments that were available on a daily basis. Finally, clinic leaders developed an appointment scheduling tool that gathered necessary information regarding the nature of the visit in order to determine the necessary length of the appointment.

#### 5. Develop an Improvement Theory

The June 2015 time study of five days duration and sample size of 186 patient visits demonstrated a 49.7% decrease in the mean total visit time for patients who required evaluation by a clinician

Last Updated: January 12, 2017

# HIV, STD AND HEPATITIS **BRANCH**

**Project: Improve Patient Experience by Implementation of Appointment System in the Rosecrans STD Clinic** 





from 200.29 minutes (range 60-513) before appointments to 100.8 minutes (17-338) after implementation of appointments. The mean wait time between triage and first contact with a clinician decreased by 81.2% from 72.82 minutes (1-369) before appointments to 13.72 minutes (-1-82) after implementation of appointments. Clinic leaders hypothesized that this reduction in wait times for clinician evaluations and overall visit times would be sustained under the new system and confirmed by the repeat time study and LSS evaluation.

## DO **Test the Theory for Improvement**

#### 6. Test the Theory

The LSS Team conducted a repeat time study over 10 days in December 2015 in collaboration with Rosecrans STD clinic staff. Sample size was 425 patient visits. The LSS removed some data points from the June 2015 time study. Then they compared the revised June 2015 time study results with the December 2015 time study results.

#### STUDY **Use Data to Study Results** of the Test

#### 7. Check the Results

Revised June 2015 results included mean and median wait times between triage and first contact with clinicians of 14 and 10 minutes respectively, with a standard deviation of 13 minutes. The mean and median total visit durations were 63 and 59 minutes respectively, with a standard deviation of 42 minutes. The December 2015 study demonstrated mean and median

Template updated: 10/13/2015

wait times between triage and first contact with clinicians of 20 and 16 minutes respectively, with a standard deviation of 15 minutes. The mean and median total visit durations in December 2015 were 68 and 64 minutes respectively, with a standard deviation of 52 minutes. There were no statistically significant differences between the results of the June and December 2015 time studies. The appointment system reduced patient visit times by 57% when compared to the 2014 time study (2014 raw data were not available for analysis by the LSS Team).

	Before appt (2014)	After appt (2015)
Гime to Reg	34.82 (0-99)	6.78 (0-45)
Γime for Reg	11.89 (3-47)	8.74 (1-27)
Fime Reg End to Friage	7.83 (1-47)	6.88 (-1-40)
Гime for Гriage	8.79 (1-70)	7.52 (0-42)
Fime Friage End to Clinician	72.82 (1-369)	13.72 (-1-82)
Time for Clinician	35.78 (6-296)	31.59 (0-100)
Fime for Entire Visit (All)	112.01 (0-513)	75.78 (2-338)
Fime for Entire Visit (Comp)	132.72 (14-513)	78.42 (11-338)
Fime for Entire Visit (Full Exam)	200.29 (60-513)	100.8 (17-338)

#### **ACT** Standardize the Improvement and Establish Future Plans

#### 8. Standardize the Improvement or Develop New Theory

This project confirmed that the appointment system contributes to sustained improvement in wait and visit times by controlling work flow. Further, process mapping showed lean process with minimal variation. The LSS Team also concluded that the triage step in the process helps to reduce wait time by placing the patient on accurate work flow track.

#### 9. Establish Future Plans (optional)

The LSS Team recommended the following actions to be considered for further improvement in clinic processes: 1) Establish a monitoring, tracking, and reporting system. 2) Establish a policy and document procedures to reduce variance. 3) Determine the reasons customers did or did not make an appointment. 4) Benchmark with other comparable counties. 5) Standardize process amongst all STD clinics. 6) Develop appointment system that incorporates all clinics with shared appointment schedule for maximum flexibility.

Last Updated: January 12, 2017

LOCAL BRANCH:

#### **STORYBOARD**

Maternal, Child, and Family Health Services (MCFHS)

**ADDRESS:** 3851 Rosecrans St., Ste. 522, San Diego 92110

**PHONE NUMBER:** 619-692-8489

**POPULATION SERVED:** 3,000 Youth in out-of-home care

PROJECT TITLE: Linking Foster Children to Medical and Dental Care



#### DEFINE Project

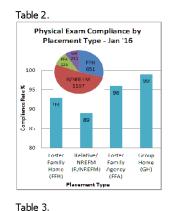
# 1. Define the Problem and the Project Goals

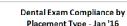
Many, but not all, foster children (FC) in San Diego County (SD) are receiving preventive health and dental exams (exams) on time. defined as within 30 days from the day of being removed from the home and following the Child Health and Disability Prevention (CHDP) Program periodicity schedule throughout their time in foster care. as documented in the Health and Education Passport (HEP), The California Department of Social Services (CDSS) has recommended counties set 90% as a target for FCs compliance with exams. The local target of 100% is set with the intention that all FC will receive exams timely and routinely. The baseline rates, for SD in the fiscal year (FY) 2014/15 report are included (Table 1).

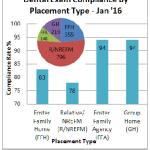
Table 1.

FY 2014/15	SD	Target	
Metric	Avg.		
Physical	92.7%	100%	
Dental	79.1%	100%	
Data source: SafeMeasures, extract			
date: 1/22/2016			

Data was reviewed by type of placement the FC were living in and exam compliance. It was apparent FC living with relative and non-relative extended family members (R/NREFM) had lower rates of physical exams (Table 2) and dental exams (Table 3) compared to other types of placements.







MCFHS has implemented various quality improvement projects (QIP) over the years to address exam compliance among FC with more concentrated focus. In order to ensure FC are receiving care on time, the plan and interventions need to be comprehensive to identify and combat barriers at a systemic level, with a specific focus on addressing the needs of R/NREFM caregivers.

#### 2. Assemble the Team

The decision was made to expand the span of the QIP to include Public Health Services (PHS), Child Welfare Services (CWS), Juvenile Probation Department (JPD), and each of the County Regions. The Executive Sponsors are: Wilma Wooten, MD, MPH, Public Health Officer, and Debra Zanders-Willis, Director, Child Welfare Services. The Steering Committee includes leadership from: PHS, CWS, JPD, Office of Business Intelligence (OBI), and Regional Operations staff. The QIP staff includes: HEP Clerks, Public Health Nurses (PHNs), Social Workers (SWs), and Registrars based on the phase of the project.

#### MEASURE Current Process

#### 3. Gather Information on the Current Process

Several tools were used to assess the HEP process and system. Compliance data were reviewed by type of placement (see Tables 2, 3); phone and in-person interviews with caregivers to identify barriers to accessing care; GIS mapping to determine locations of medical and dental providers compared to FCs placements; process mapping to identify potential streamlining opportunities; and an affinity map was completed to identify root causes and priority issues.

The most common barriers caregivers reported in interviews included:

- Not having the Medi-Cal card when trying to schedule an appointment.
- Child remaining assigned to managed care plan/provider not accepting managed care plan.
- Unable to disenroll child from managed care plan.

# MATERNAL, CHILD, AND FAMILY HEALTH SERVICES BRANCH

Project: Linking Foster Children to Medical and Dental Care



- Child disenrolled from Medi-Cal/not familiar with the renewal process.
- Limited awareness of available resources due to lack of training.
- Limited availability of dental providers in the community.

oBI and PHS staff met with CWS and Regional staff (SWs, HEP Clerks, PHN Supervisors) to review the HEP process and created swim lane process maps. The process, overall, varies slightly by office, is labor intensive, requires the work of several disciplines, is paper-based, and current technology cannot be utilized for many of the steps due to the state database limitations, regulations and confidentiality requirements.

Barriers identified during the process mapping of youth obtaining exams and the County receiving documentation of exams include (but are not limited to):

- Confidential information must be sent by postal service or fax. It cannot be sent by email, or voicemail.
- Several contact attempts are frequently needed before necessary information is communicated or received.

An affinity map was created with input from PHNs, SWs, and HEP Clerks; areas identified are included in order of responses: electronic access, standardize process, training and education, follow-up reminders, dental resources, and organizational resource development.

# ANALYZE Process to Identify Causes

#### 4. Verify Cause and Effect

Program utilized one HEP Process Map out of the nine to represent the general process and serve as a template for the next steps. PHNs, HEP Clerks, SWs, Registrars, and PHS staff met and examined the existing HEP process. The map was reviewed to identify problem areas and suggest solutions.

Given the results of the affinity map, standardization of the process will promote consistency and improve quality across all regions. The HEP process begins when a child is removed from the home.

- The SW sends form (07-65) to the Registrar, this begins the Medi-Cal enrollment process and should be completed within one business day.
- The group identified caregivers lack of knowledge about PHN role and health requirements it will be beneficial if caregivers are provided with current information, they will be aware of the health requirements and the resources available to assist them.
- HEP Clerks identified confusion regarding forms indicating changes in financial status of a FCs case and requested further instructions on this step.
- Electronic access was the number one need identified through the affinity map. Access to electronic health records (EHRs) will eliminate the manual process currently required to obtain most health information.
- Some communication with SWs is being done in hard copy, it would save time, decrease paper use, and improve communication by using email.
- Early contact with caregivers is needed to assess for problems accessing health services, provide education, and connect FC to services.
- Communication between the PHN, HEP Clerk, and SW should begin as soon as a FC is placed out-of-home, and all health information communicated to the PHN when it is available.

#### IMPROVE

Implement Solutions and Evaluate Results

#### 5. Identify Potential Solutions

- Solutions discussed during the process mapping include:SW sends 07-65 forms to Registrar within one business day.
- Incorporate health related instructions to caregiver at placement.
- Check Rady Children's Hospital electronic health record system (EPIC) routinely at each initial and change of placement.

Provide access to electronic health records.

- The PHNs were provided access to EPIC (4/2016).
- PHN contacts caregiver within 7 days of initial placement provides care coordination and education when necessary.
- Utilize and consistently track
   SafeMeasures compliance list to identify upcoming and late medical/dental exams.
- Send reminder letters to caregivers of upcoming and after due medical/dental exams.
- Communicate all health related information between SW, caregiver, and PHN.
- Increase use of encrypted email.

#### 6. Develop, Test, and Implement Solutions that Address Root Causes

The above solutions have been drafted into the current process creating the "To Be" process. East and South Regions are preparing to test the "To Be" process in October 2016. Meetings will be held to discuss testing and modify "To Be" process as necessary.

#### 7. Check the Results

Data metrics will include:

- SW sends 07-65 form to Registrar within one business day.
- PHN calls caregiver within 7 days of FC's initial placement.
- HEP Clerk mails within 30 days of initial placement and 48 hours of change of placement.
- FC receives medical and dental exams on time.

# CONTROL Future State Process

# 8. Standardize the Improvement or Develop New Theory

- Establish policies and procedures.
- Teach 'To Be" process to all Regions incorporating all disciplines.

#### 9. Establish Future Plans

Implement continuous quality improvement efforts regularly.

#### **STORYBOARD**







LOCAL BRANCH: California Children Services (CCS)

ADDRESS: 6160 Mission Gorge Road

PHONE NUMBER: 619-528-4000

POPULATION SERVED: Individuals from 0 to 21 years of age with chronic diseases causing disabilities

PROJECT TITLE: Improving Transition To Adult Care Providers For Youth With Cerebral Palsy

#### PLAN

Identify an Opportunity and Plan for Improvement

#### 1. Describe the Problem

The California Children Services (CCS) program provides case management services for clients 0-21 years of age with CCS medical eligible conditions. After age 21, the clients transition to adult services. CCS nurses, therapists and social worker facilitate the transition starting at age 14.

Transition Planning is the process of preparing youth and families to move from a pediatric to an adult model of health care. The goal of transition is to ensure continuity of care and to optimize the long-term health of these youth so that they can reach their full potential.

There is very little data capturing the efforts and impact of CCS staff on Transition Planning (TP). The only data available was based on the 2014-15 State Title V needs assessment survey of 4,065 clients which found:

Only 15% reported that CCS helped find an adult provider for transitioning youth.

Because Transition Planning is a priority in the FY 2015-16 MCFHS Strategic Plan and a Quality Assurance measurement for the State CCS, it was important to develop a methodology to document and quantify the outcomes or impact of the CCS case management team's efforts in Transition Planning.

#### 2. Assemble the Team

CCS Staff: Public Health Nurses (PHNs) Social Worker, Occupational Therapists (OT) and Physical Therapists (PT). San Diego Immunization Registry: Train PHNs and Social Worker on viewing Immunization Registry.

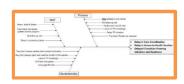
#### Examine the Current Approach Age 14-17

- CCS PHNs identify clients who will have ongoing complex medical needs.
- OT/PT staff train families on how to navigate rehabilitation and equipment need to assist clients/families with goals for maximal independence. Age 18
- CCS staff members send a TP packet to clients/families.

#### Issues Identified:

- > Direct assistance to families is limited.
- > The outcomes for transitioning youth are unknown.
- A Fishbone diagram was created by the team identifying a number of barriers (see Figure 1).

Figure 1 - Fishbone Diagram



Once the barriers were identified, they were examined to determine the focus of the project.

AIM Statement: To prove that CCS intervention positively impacts a client's transition from pediatric to adult providers, at age 18, CCS clients/caregivers will demonstrate 10% increase in Knowledge, Behavior, and Status relating to Access to Health Care Services, Care Coordination, and Transition Planning.

# 4. Develop an Improvement Theory If CCS case managers directly contact the clients and families to address Transition Planning, then readiness will improve.

#### 5. Identify Potential Solutions

- "Target population" was identified: 18years of age during the year of 2015; diagnosis of Cerebral Palsy, Medi-Cal recipients; and attending the Medical Therapy Units (MTUs).
- A tool was created to help nurses assess clients and families across three categories important to Transition Planning—Access to Health Services, Care Coordination, and Transition Planning readiness.
- Nurses and social worker made two phone calls, three months apart, in order to assess any progress or challenges.
- All face-to-face encounters that PHNs and staff in the MTUs have with youth would include addressing issues related to transitioning.

The QI Assessment Tool organized transition readiness questions into three categories (see Figure 2).

- Access to Health Services: How the client utilizes medical/MTP services
- Care Coordination: How client coordinates needed services in a timely manner
- Transition Planning: Transition readiness of a client from pediatric to adult health services.

Within each category, a 5-point Likert Scale was used to assess readiness along the three dimensions below:

- Knowledge: Client's understanding of each topic.
- Behavior: Client's actions towards each topic.
- Status: Client's current disposition in regards to each topic.

# FAMILY HEALTH SERVICES BRANCH

# CALIFORNIA CHILDREN SERVICES

Project: Improving Transition to
Adult Care Providers for Youth with
Cerebral Palsy



Figure 2 – QI Assessment Tool



DO
Test the Theory for
Improvement

#### 6. Test the Theory



#### The timeline was:

#### November 2015-January 2016:

- Obtain baseline information
- Initiate action by educating and referring clients or families to services.

#### April 2016-June 2016:

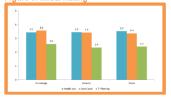
- Follow up with client/families using Ql assessment tool to check results
- Determine additional actions.

#### 7. Check the Results

Characteristics of the population to be surveyed or assessed was identified:

- Gender: Male 30, Female 14
- Language: English 24, Spanish 20
- All Medi-Cal recipients
- Response Rate: 36 out 44 (81%)
- Average staff/client 3: Total staff 11
- Average time per call = 26 minutes

Figure 3: Initial Rating



The scores for the Initial Rating were relatively low as Figure 3 reflects—3.5 or less out of a total 5 possible score.

Transition Planning scored the lowest compared to access to health services and care coordination. Most clients and or families were not ready to transition, despite CCS effort to assemble a TP packet and send it to the clients/families.

Additionally, it was discovered that even though 42 out 44 clients were registered in the San Diego Immunization Registry, not all were up-to-date. In fact 29 were not up-to-data, suggesting the need to look more closely as to why this might be occurring.

The follow-up calls were made to 43 out of 44 that were surveyed initially. The length of the phone call was much shorter (15 minutes only).

Figure 4: Final Rating

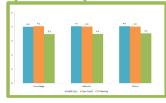


Figure 4 shows that scores were much higher after the intervention which included administering the survey itself and also educating and referring clients and families to services. While Transition Planning was still the lowest, it had increased by a full point to 3.5 on average and access to health services and care coordination averaged at least 4.0.

The goal of achieving a 10% increase in scores was surpassed in a significant fashion. In fact, scores improved across all dimensions by 70 to 80 percent.

The improvement is captured in Figure 5 which shows improvement for access to health (in blue), care coordination (in orange) and transition planning (in green).

The initial scores are in a lighter shade of same color; the darker shade is the final rating. The results are shown for Knowledge, Behavior, and Status.

Figure 5: Scores Compared



# ACT Standardize the Improvement and Establish Future Plans

#### 8. Standardize the Improvement

- Results were discussed with CCS
   Chief, nurses, social worker, and Chief
   Occupational/Physical Therapist.
- QI Assessment tool demonstrated an effective way to score/quantify transition preparedness for consistency of scoring across interviewers.
- Increased efforts to contact families by phone or in person to discuss TP packet demonstrated the ability to improve dient/family's overall transition preparedness.

#### 9. Establish Future Plans

- Exploring opportunities to engage in more face-to-face discussions with clients and families about transition planning
- Convened a Transition Planning Symposium I to educate and empower the clients and families on TP.
- Exploring ways to use the QI assessment tool for <u>ALL</u> CCS clients with complex medical conditions. Despite staffing challenges.
- Exploring ways to address language barriers as a key contributor to decreased transition preparedness.
- Exploring potential to use as baseline data to determine how many clients successfully transition to higher learning/education and/or independent living.
- Launching new QI effort to determine why so many clients were not up-todate on immunizations.

CCS - Improving Transition To Adult Care Providers For Youth With Cerebral Palsy

LOCAL BRANCH:

ADDRESS: PHONE NUMBER:

POPULATION SERVED:

#### **STORYBOARD**

Public Health Nursing Administration

3851 Rosecrans Street, SD, CA 92110

619-542-4192

162 employees across RPHCs and PHN

Persimmony - Implementation of Electronic

Case Management (ECM) System PROJECT TITLE:





#### PLAN

**Identify an Opportunity and** Plan for Improvement

#### 1. Describe the Problem

Regional Public Health Center (RPHC) staff currently utilizes multiple, independent systems (i.e. Excel spreadsheets, Access databases, home grown applications, websites, etc.) to capture and report out on maternal child health program and client health outcomes. In addition, paper based client assessment charting is currently used resulting in an additional documentation system with a lack of portability for efficient and easy access to client charts.

#### 2. Assemble the Team

Team consists of the following staff from PHNA: PHN Supervisor (Project Lead), Quality Assurance Specialist (Co-Lead), Chief Nursing Officer and PHN Manager (Contract and Program Oversight).

Additional Team members consist of the following staff from RPHCs: Committee Participants.

#### 3. Examine the Current Approach

RPHC staff currently utilize multiple and independent systems (i.e. Excel spreadsheets, Access databases, home grown applications, websites) to capture and report out on client health outcomes.

#### 4. Identify Potential Solutions

- Implement an electronic case management system
- Build an external web referral module within Persimmony's

Electronic Case management (ECM) system

- Develop electronic charting and forms and reports within Persimmony ECM
- Retire the PHIX Web, Office and Field applications

#### 5. Develop an Improvement Theory

The implementation of Persimmony's ECM system will provide program efficiencies and staff satisfaction benefits to our home visitation programs by providing a single use tool that can be cross threaded to capture nursing performance and outcomes related to; patient engagement; linkage and access to care; identification of physical and social risk factors /needs and referrals provided; elimination of paper and multiple data entry systems for data collection; improvement in auditing capability for quality; staff management; and improvement with tracking referrals and PHN caseloads for performance management.

#### DO Test the Theory for **Improvement**

#### 6. Test the Theory

For FY 2016: Collect Pre-Baseline Staff Satisfaction as it related to PHN documentation and data

- Distribute Pre and post questionnaire results.
- Estimate time spent/handouts processing home visiting data (entering data and running a report) compared to Persimmony.

Determine ease of use of current system compared to Persimmony.

#### STUDY **Use Data to Study Results** of the Test

#### 7. Check the Results

#### NFP Data Ouestionnaire Pre and Post Results

This questionnaire served to assess satisfaction amongst current RPHC staff that now complete NFP Data Collection forms and run reports in Persimmony instead of NFP's Efforts to Outcomes database. Users include Supervisors, Social Service Aides and Office Assistants.

Number of Current Users: 11 Number of Respondents: 10

#### **NFP ETO Results**

- 88% reported that NFP ETO was NOT easy to navigate through the different screens.
- 80% reported that, on average, it took 3-5 minutes to process one NFP Data Collection Form in NFP ETO.
- 50% reported that, on average, it took more than 5 minutes to run a report in NFP
- 50% reported that NFP ETO was easy to use.

#### NFP ETO Anecdotal Feedback from Staff:

- "It always seemed to take a long time to save your work. Too many steps to enter data".
- "The system is very slow. It is not user friendly or intuitive".

# PUBLIC HEALTH **NURSING ADMINISTRATION**

**Project: Persimmony— Implementation of an Electronic Case Management System** 



- "Too many screens and drop down menus to navigate through".
- "It is a very cumbersome system. There were many reports but they took a great deal of time to download plus setting up the parameters for them was time consuming".

#### **Persimmony Results**

- 78% reported that it WAS easy to navigate through the different screens.
- 67% reported that it took, on average, 1-2 minutes to process one NFP Data Collection Form in Persimmony.
- 38% reported that, on average, it took 1-2 minutes to run a report in Persimmony. Note: majority of respondent skipped this question due to some being new users and have not run reports yet.
- **88%** reported that Persimmony was easy to use.

# Persimmony Anecdotal feedback from staff:

- "Persimmony has been a very easy system to learn and use".
- "I like that everything is on one page. You don't have to leave the screen and jump around. It is user friendly and it is easy to correct mistakes".
- "Very happy with the functionality and ease of the system".

#### PHIX Web, Office and Field Questionnaire Baseline Results

This questionnaire served to assess the satisfaction amongst RPHC staff who works in one or more of Public Health Nursing's PHIX Web, Office and/or Field systems. Users include Managers, Supervisors, Admin, and Field PHNs.

#### **Number of Respondents: 73**

#### **PHIX Web**

 65% reported that PHIX Web is easy to use.

#### **PHIX Office**

- 46% reported that it is easy to navigate through the different screens.
- **62%** reported that it is easy to determine staff caseload.
- **52%** reported it is easy to determine referral/client status.
- 64% are not aware if there are reports.

Note: PHIX Office only offers one report. It displays the number of referrals submitted to each RPHC from the Referring Agencies per month, year, fiscal, etc. It does not display which programs the referrals were assigned to.

#### **PHIX Field**

- 47% reported that it is easy to navigate through the different screens.
- 52% reported it is easy to update client information/status.
   Note: PHIX Field does not offer any reporting features.

#### Anecdotal feedback from staff re PHIX Web, Office and/or Field:

- "Editing the referral in PHIX Office is a pain, also merging. I wish I could see other regions' reasons for closing or no servicing a client".
- "There is only one report in PHIX Office. Not being able to query the information is a huge disadvantage".
- "It can take a while to find the screen I am looking for when trying to update information in PHIX Field. Sometimes I have to navigate to a few different places before I find the correct tab".
- "PHIX Field is not a good case management tool; I cannot print out my caseload".
- "Sometimes PHIX Field is too slow".
- "PHIX Field does not sync well with my Outlook calendar".
- "The system stands alone and does not interface with any other system like NFP ETO".

#### Paper to Persimmony Questionnaire Baseline Results

This questionnaire served to assess the satisfaction amongst RPHC staff that currently complete paper charting for his/her clients....... Users include Field PHNs who work under the MCH, NFP, Med Frag, SART and SIDS home visiting programs.

#### **Number of Respondents: 43**

- **81%** reported that, on average, they spend 2-5hrs on paper documentation each day.
- **51%** reported that they found charting paper documentation easy/not too difficult.
- 32% reported that they found charting paper documentation difficult.
- 65% reported they currently complete paper charting in the office.
- **40%** reported they found it difficult, somewhat or very difficult to review/retrieve client data from their paper documentation.
- **83%** reported they are NOT concerned with moving to an electronic charting system.
- 60% reported they think electronic charting will make their job easier.

# Anecdotal feedback from staff re Paper Charts:

- "Paper documentation is tedious, especially the use of soft charts. Look forward to having the electronic charts with everything in one place".
- "1hr of time spent with client = 3hrs of paperwork. Please cut down on the paperwork process".
- "Too many databases to document (e.g. PHIX, PHIX, Kronos, Charts)".
- "Overall, I am beyond ready to go electronic. I am often overwhelmed with the duplication of work with the paper charting and the multiple databases we have to access. The client data is not concise".

- "Overwhelming volume that takes away from clients".
- "I want to be able to easily search for key facts related to the client".
- "I believe going electronic will make everything cohesive, organized and easier when documenting".

#### ACT ze the Improvemen

Standardize the Improvement and Establish Future Plans

#### 8. Standardize the Improvement or Develop New Theory

- Assess Admin, Supervisory and PHN satisfaction via questionnaires, committee meetings, Regional Staff Meetings.
- Provide technical support to staff after Go Live dates to address any questions, concerns, and/or issues.
- Continue to conduct weekly meetings with software vendor in order to resolve issues/questions within a timely manner.
- Continue to encourage staff to report all questions/issues to Project Lead and Co-Lead, as needed, via his/her Supervisor.
- Continue to collaborate with Regional Managers, Supervisors and Admin Staff on a monthly basis, or as needed, to discuss and determine best practices regarding work flow processes for all staff.

#### 9. Establish Future Plans

- Share feedback from questionnaires with Regional Managers and Supervisors and the SD Persimmony Steering Committee.
- Distribute post implementation questionnaires to assess staff satisfaction.
- Conduct follow-up committee meetings to discuss and address post implementation experiences, issues, questions, concerns, etc.
- Conduct additional orientation sessions regarding Persimmony software and work flow processes for each Regional Public Health Center post Referral Portal Go Live.

#### **STORYBOARD**

LOCAL BRANCH:

ADDRESS: PHONE NUMBER:

POPULATION SERVED:

PROJECT TITLE:

Tuberculosis Control Branch

3851 Rosecrans Street

619.692.5565

Individuals with Latent Tuberculosis (TB)

Infection

Improving LTBI Treatment Initiation: Drug Treatment Center and Shelter

Entrants/Residents



#### PI AN **Identify an Opportunity and** Plan for Improvement

#### 1. Describe the Problem

In accordance with the State of California Community Care Licensing, Title 9, section 10567, an individual entering a residential drug treatment center (DTC) must be tested for tuberculosis (TB) within 30 days of entrance. To assist facilities meet this regulation, TB Control and public health center clinics provide TB testing for DTC clients. Testing is also provided for entrants/residents of shelters. For those that test positive on their tuberculin skin test (TST), a chest x-ray to rule out active TB disease is completed. Persons with a negative x-ray are diagnosed with Latent TB Infection (LTBI), a dormant, noninfectious state of TB infection. When diagnosed with LTBI, a healthy patient has a 10 percent chance of developing active TB in their lifetime. Completing LTBI treatment substantially reduces this risk. For clients that have LTBI, the next step after an x-ray is a medical evaluation for treatment initiation, to prevent active TB disease in the future. In 2014, based on several surveys of walk-in TB testing and treatment data, less than 5% of those identified with LTBI started treatment in our public health clinics. This project was designed to increase LTBI treatment initiation among shelter/DTC clients entrants/residents who receive initial TB testing at the main (Rosecrans) TB clinic.

Template updated: 10/13/2015

#### 2. Assemble the Team

The TB Prevention Coordinator was the lead for this project. Additional team members included the Clinic Nurse Supervisor, Program Manager, and Epidemiologist.

#### 3. Examine the Current Approach

No data system existed to track clients from TB testing to LTBI treatment initiation at the beginning of this project. When shelter/DTC clients presented for testing, a tuberculin skin test was placed and the clients were requested to return in 2-3 days for reading the result. Upon reading the result, those with a positive result were offered an immediate chest x-ray done on site, and, if eligible, an appointment for a medical evaluation to initiate LTBI treatment. Most clients chose to receive the chest x-ray to complete the requirement for their program. If the client declined to schedule a treatment appointment, the only reminder to do this was a letter sent to the client for the usual finding of negative x-ray, including instructions to schedule an LTBI appointment with their medical provider or the TB clinic. Education at the time of the TB test reading was not standardized among the staff rotating in this position.

#### 4. Identify Potential Solutions

This project was developed as a multi-year project. The first year was planned to focus on developing a data system to track key elements of the testing to treatment cascade. Other initial interventions identified as criticial were building relationships with shelter/DTC programs, to understand and lessen barriers to scheduling and attending medical treatment appointments, and case management of clients with LTBI.

#### 5. Develop an Improvement Theory

If we develop a data tracking system for the testing to treatment cascade, we will be able to monitor the impact of interventions on LTBI treatment initiation. If we build relationships with shelter/DTC programs and designate a case manager for clients with LTBI, we will improve LTBI treatment initiation rates.

> DO Test the Theory for **Improvement**

#### 6. Test the Theory

A tracking tool in Microsoft Excel was created, collecting the total number of negative tests in aggregate by referral program and individual level information on persons with positive tests, including whether an LTBI appointment was scheduled and whether treatment was initiated. The TB Prevention Coordinator collected and entered the data. This system was also implemented in the 5 public health centers with LTBI

Last Updated:11/7/2016

# **TUBERCULOSIS CONTROL AND** REFUGEE HEALTH

**Project: Improving Latent Tuberculosis Infection Treatment Initiation: Drug Treatment Center** and Shelter Entrants/Residents



treatment clinics in addition to the main (Rosecrans) TB clinic.

To establish relationships that could facilitate engagement of shelter/DTC programs in assisting clients start and complete LTBI treatment, the TB Prevention Coordinator conducted outreach to more than 40 agencies. Ongoing communication was conducted via an email distribution list, small and large group presentations, and oneon-one conversations. To permit direct follow-up by TB clinic staff with shelter/DTC programs, to coordinate further testing and/or treatment, a standard practice was implemented at initial testing, requesting a release of information form be signed by each client. The TB Prevention Coordinator then used the developing relationships with programs and permission granted by individual release of information forms to initiate case management, providing initial provider visit and medication refill visit reminders, assisting in securing transporation when needed, and rescheduling failed appointments. Additionally, to improve current educational materials for clients, three focus groups at DTCs were conducted.

# STUDY Use Data to Study Results of the Test

#### 7. Check the Results

Using the newly implemented data tracking system, we analyzed data for March-May 2016. Shelter/DTC clients accounted for 87% of the persons undergoing walk-in screening at the clinic. A total of 478 shelter/DTC clients were tested and 20 (4%) had a positive TB test. Of those, 9 were considered eligible for LTBI treatment because they did not report prior history of LTBI treatment completion or were aged 50+ years old and reported no highrisk medical comorbidities for developing active TB. Two (22%) started treatment, 3 declined Template updated: 10/13/2015

treatment, and the reason 4 did not start treatment was not recorded.

#### **ACT**

Standardize the Improvement and Establish Future Plans

# 8. Standardize the Improvement or Develop New Theory

Areas for improvement based on the first year of the project include: 1) the need for ongoing clinic staff training on the indications for completing the release of information form and the process for case management referrals, and 2) the challenges in collating data collected in different formats (aggregate for negative results and individual level for positive results). In addition, understanding barriers to starting treatment from the client perspective was identified as an important next step in selecting interventions to improve LTBI treatment initiation.

#### 9. Establish Future Plans

For the second year of the project, several activities are planned.

#### Primary

- Survey LTBI treatment acceptors, decliners and those that did not attend a medical appointment to initiate treatment, to measure overall attitudes and barriers toward TB and available treatment options
- Identify an intervention to implement to increase LTBI treatment initiation
- Measure LTBI treatment initiation during first 3 months of implemented intervention

#### Additional

- Replace the TB skin test with the more specific blood test on all foreign-born clients from countries with an elevated TB rate, as a best practice
- Implement patient education videos to

- standardize the educational information provided to persons at the time of testing, and at the time of LTBI diagnosis and/or initial treatment visit
- Improve current data collection system using a pilot electronic system provided by the Centers for Disease Control and Prevention, with funded support staff.

Last Updated:11/7/2016





#### Administration of Public Health Services

Kranz, A., Browner, D., McDermid, L., Coleman, T., Wooten, W. Using Electronic Health Record Data for Healthy Weight Surveillance in Children, San Diego, CA, 2014. *Preventing Chronic Disease*. January 2016. PUBLICATION.

Wooten, W. Research Insights: Public Health's Role in a Post-ACA World. *Academy Health*. July 10, 2015. PUBLICATION.

**Wooten W.** Association of Black Cardiologists (ABC) Spirit of the Heart Awards Dinner. Health Status of Black Residents in San Diego County. May 14, 2016. PRESENTATION.

Wooten, W. Health Equity in Practice: The San Diego County Framework. Director of Public Health Nursing 2015 Fall Conference, September 2015. PRESENTATION.

### **Emergency Medical Services**

Corcos, I. Spatial Analysis to Rank and Quantify Healthy Change by Neighborhood. Ersi User Conference, June 2016. ABSTRACT & PRESENTATION.

Kenner Brininger, A., Abedin, S., Ray, L., Smith, R., De Vera, K. Estimating the Economic Burden of Alzheimer's Disease and Other Dementias in San Diego County. American Public Health Association Conference, November 2015. ABSTRACT & PRESENTATION.

Ray, L. Social Determinants of Mental Health Outcomes in San Diego County. Ersi User Conference, June 2016. ABSTRACT & PRESENTATION.

Robertson, C., Smith, J., Ray, L., De Vera, K. Leading Causes of Unintentional Injuries in Adolescence. American Public Health Association Conference. November 2015. ABSTRACT & PRESENTATION.

Smith, J. Emergency Ambulance Response: Determining Rural vs Urban Status. Ersi User Conference, June 2016. ABSTRACT & PRESENTATION.

Smith, R. Choice or Opportunity? Does Place Matter More Than Behavior? Ersi User Conference, June 2016. ABSTRACT & PRESENTATION.

# **Epidemiology and Immunization Services Branch**

Djibo, D., Peddecord, K.M., Wang, W., et al.
Factors Associated with Missed Opportunities for Influenza Vaccination: Review of Medical Records in a Diverse Sample of Primary Care Clinics, San Diego County, 2010-2011. *Journal of Primary Care & Community Health* 2014; 2015 Jul;6(3):147-53. PUBLICATION.

**Escutia, G.** Evaluation of Coccidioidomycosis Surveillance, San Diego County, 2010-2014. Council of State and Territorial Epidemiologists Conference, June 2016. ABSTRACT.

Healy, J. Implications of Culture-Independent Testing for Local Enteric Surveillance, San Diego County, 2004-2014. Epidemic Intelligence Service Conference, May 3, 2016. ABSTRACT.

Lamba, K., Nelson, J., Kimura, A, Poe, A., Collins, J., Kao, A., Cruz, L., Inami, G., Vaishampayan, J., Garza, A., Chaturvedi, V., Vugia. Shiga Toxin 1 Producing Shigella sonnei Infections, California, United States, 2014-2015. Emerging Infectious Diseases—Centers for Disease Control and Prevention, April, 2016. PUBLICATION.

Matanock, A., Katz, L., Jackson, K., Kucerova, Z., Conrad, A., Glover, W. Nguyen, V., Mohr, M., Marsden-Haug, N., Thompson, D., Dunn, J., Stroika, S., Melius, B., Tarr, C., Dietrich, S., Kao, A., Kornstein, L., Li, Z., Maroufi, A., Marder, E., Meyer, R., Perez-Osorio, A., Reddy, V., Reporter, R., Carleton, H., Tweeten, S., Waechter, H., Yee. L., Wise, M., Davis, K., Jackson, B. Two Listeria monocytogenes pseudo-outbreaks caused by contaminated laboratory culture media. *American Society for Microbiology, December 23, 2015*. PUBLICATION.

McDonald, E. Vector-Borne Disease in San Diego: Where Have You Been? San Diego Physician, October 2015. PUBLICATION.

### **Epidemiology and Immunization Services Branch (continued)**

Nelson, J., Lamba, K., Poe, A, Kao, A, Cruz, L, Kimura, A. Shiga Toxin-producing Shigella sonnei in Southern California, 2014. Integrated Foodborne Outbreak Response and Management Conference, November 17, 2015. ABSTRACT.

Peddecord, K.M., Wang W., Wang, L., et al. Adolescents' Self-Reported Recall of Anticipatory Guidance Provided During Well-Visits at Nine Medical Clinics in San Diego, California, 2009-2011. *Journal of Adolescent Health 2016;58:267-275*. PUBLICATION.

Varan, A., Harriman, K., Winter, K., Thun, M., McDonald, E. Economic and Social Impact of Pertussis Among Adolescents in San Diego County. *Journal of Adolescent Health, Vol. 58, Issue 2, Pages 241-244, February 2016.* PUBLICATION.

### **HIV, STD and Hepatitis Branch**

None

### Maternal, Child, and Family Health Services

Aquino, M., Coyle, A., Cruz, A.M. Exercise and Healthy Cooking for MTU clients, November 2015. PRESENTATION.

Beier, K., Lynch-Dwight, C., McPhatter-Harris, L. Safety Planning for Families with Infants, October 2015. PRESENTATION.

Beier, K., Lynch-Dwight, C., McPhatter-Harris, L. Safety Planning for Families with Infants, December 2015 PRESENTATION.

Billups, N., Browner, Mei, A., Zenzola, T., McDermid, L., Coleman, T., Wooten, W. Community Agriculture Planning Project: A New Urban Planning and Local Agriculture Initiative in San Diego County. American Public Health Association Conference, November 2015. PRESENTATION.

Blevins, C., Thompson, K., Melendrez, B., Browner, D., McDermid, L., Coleman, T., Wooten, W. San Diego County's Live Well @ Work Initiative: Advancing Employee Health through Policy, Systems and Environmental Change. American Public Health Association Conference, November 2015. PRESENTATION.

Browner, D., Thorne, T., Bailey, K., Coleman, T., Thihalolipavan, S., Wooten, W. Innovative Practices to Improve Population Health Surveillance through a Partnership with a Clinical Collaborative. Council of State and Territorial Epidemiologists Annual Conference, June 2016. PRESENTATION.

Chavez, R., Reyes-Yoder, T., Grifee, K., Alden, V., Bravo, W. California Children Services (CCS) 101, for Rady's Childrens Unit, July 2015. PRESENTATION.

Chavez, R., Morachis, M., Bravo, L., Reyes-Yoder, T. CCS 101, Sharp Memorial, July 2015. PRESENTATION.

Forsythe, A., Jones, S. Reyes-Yoder, T. CCS 101, for Kaiser Audiology Department, April 2016. PRESENTATION.

Freeman, R., Tso, C. Maternal, Child, and Adolescent Health Programs, December 2015. PRESENTATION.

Heilig, G. CHDP Program Anthropometric/Body Mass Index (BMI) Training, April 2016. PRESENTATION.

Heilig, G. CHDP Program Anthropometric/Body Mass Index Training, August 2015. PRESENTATION.

Heilig, G., Clark, J. CHDP Program Provider In-Service, September 2015. PRESENTATION

Heilig, G., Loo-Martinez M., Clark, J. Child Health and Disability Prevention (CHDP) Program Provider In-Service, July 2015. PRESENTATION.

Heilig, G., Loo-Martinez, M., Clark, J. CHDP Program Provider In-Service, November 2015. PRESENTATION.

Heilig, G., Loo-Martinez M., Clark, J. CHDP Program Provider In-Service, May 2016. PRESENTATION.

Heilig, G., Loo-Martinez M., Waters, J. CHDP Program Provider in-Service, March 2016. PRESENTATION.

Kashiwa, A., Wright, S., Billups, N., Browner, D., Sidelinger, D. Supporting Breastfeeding for Low Income Women in Community Healthcare Centers. American Public Health Association Conference, November 2015. PRESENTATION.

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### Maternal, Child, and Family Health Services (continued)

Kranz, A., Browner, D., McDermid, L., Coleman, T., Wooten, W. Using Electronic Health Record Data for Healthy Weight Surveillance in Children, San Diego, CA. *Preventing Chronic Disease*. January 1, 2016. PUBLICATION.

Loew, A., Skapyak, S., Billups, N., Kleske, D., Lopez, C. Connecting Public Health and the Food Industry: Voluntary Commitments to Reduce Sodium and Understanding the Consumer, Dialogue4Health-Public Health Institute, May 2016. PRESENTATION.

Loo-Martinez, M. CHDP Program Anthropometric/BMI Training, June 2016. PRESENTATION.

Lopez, C.R., Kranz, A., Browner, D., Hillidge, S., Zenzola, T., McDermid, L., Wooten, W. Assessing the Impact of School Policy and Systems Improvements to Increase Physical Activity Opportunities in Disadvantaged Communities. American Public Health Association Conference, November 2015. PRESENTATION.

Matheson, K.L. MTP 101 for Kaiser HRIF Team, April 2016. PRESENTATION.

Matheson, K. L., Reyes-Yoder, T. CCS 101, Kaiser Pediatrics, November 2015. PRESENTATION.

Matheson, K. L., Sacpini, E. CCS 101, for Infant Development Association Conference, March 2016. PRESENTATION.

Moyer, C., Bernal, F. CHDP Program Audiometric Screening Workshop, March 2016. PRESENTATION.

Moyer, C., Heilig, G. CHDP Program Audiometric Screening Workshop for Providers, August 2015. PRESENTATION.

Robbins, S., Acera, E., Heilig, G., Waters, J., Bernal, F. CHDP Program Vision Screening Workshop, April 2016. PRESENTATION.

Robbins, S., Acera, E., Heilig, G., Waters, J., Bernal, F. CHDP Program Vision Screening Workshop, October 2015. PRESENTATION.

Rodriguez, I., Sadile, M., Solorzano, M. A Healthy Selfie: Body Image, Self Esteem, Healthy Eating, Physical Activity and Mental Health, February 2016. PRESENTATION.

Rodriguez, I., Sadile, M., Solorzano, M. A Healthy Selfie: Body Image, Self Esteem, Healthy Eating, Physical Activity and Mental Health, March 2016. PRESENTATION.

Rodriguez, I., Solorzano, M. Perinatal Care Network (PCN) Provider Presentation, December 2015. PRESENTATION.

Rose, M., Ramirez, O. Special Education Resource Fair, May 2016. PRESENTATION.

Sadile, M., Solorzano, M. Perinatal Care Network (PCN) Provider Presentation, November 2015. PRESENTATION.

Schneemann, D., Morachis, M., Bravo, L., Reyes-Yoder, T. CCS 101, for In-Home Supportive Services (IHSS) Training Academy, July 2015. PRESENTATION.

Schneemann, D., Morachis, M., Bravo, L., Reyes-Yoder, T. CCS 101 Presentation at Family Health Centers of San Diego, Logan Heights Family Health Center.

Chula Vista Medical Therapy Unit (MTU), Steele Canyon High School Career Fair, October 2015. PRESENTATION.

Wilkens, P., Reyes-Yoder, T. CCS 101, IHSS Training Academy, February 2016. PRESENTATION.

### **Public Health Nursing Administration**

None

### **Tuberculosis Control and Refugee Health**

Moser, K., Brentnall, M. Assembly Bill 1667 (AB 1667): Targeted Testing One Year Later, San Diego County Survey Results. California Tuberculosis Controllers Association Annual Meeting, April 2016. PRESENTATION.





Each Public Health Services Branch is involved in research projects in collaboration with community partners. A brief description of each of the 11 projects is listed.

# PUBLIC HEALTH SERVICES RESEARCH PROJECTS BY BRANCH

#### **EMERGENCY MEDICAL SERVICES**

No study to report during this period.

EPIDEMIOLOGY AND IMMUNIZATION SERVICES					
Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period			
Evaluation of the Respiratory Health Impacts of Wildfire Particulate Emissions under Climate Change Scenarios	Epidemiology and Immunization Services (EISB)/Jeff Johnson/Jeff Johnson	December 15, 2009-Present			
Mortality Case Outcomes and Matching for Previous Elderly Traumatic Brain Injury Patients	Scripps Health Care System/Jeff Johnson/Jeff Johnson	March 1, 2013-January 2017			
The Burden of Mental Illness: Impact on a Level I Trauma Center	Scripps Mercy Hospital/Beth Sise/Jeff Johnson	February 11, 2014-January 2017			
Vision and Research Studies, Using Birth and Death Data	University of California, San Diego (UCSD)/Dr. Karen Dobkins/Heidi Lowe	June 1, 2012-January 31, 2017			
HIV, STD AND HEPATITIS BRANCH HIV, STD AND HEPATITIS BRANCH HIV, STD AND HEPATITIS BRANCH					
Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period			
Gonorrhea Isolate Surveillance Project (GISP) Laboratory and Epidemiologic Investigation of Gonorrhea Isolates with High Levels of Azithromycin Resistance	CDC, CDPH Sexually Transmitted Diseases Branch/Patrick Loose/Patrick Loose	January 1, 1987-Present			
San Diego Syphilis Database (SDSD): Evaluating serologic response to syphilis treatment in HIV-infected compared to HIV-negative individuals.	UCSD, Charles Hicks,/Dr. Winston Tilghman	June 16, 2016 to December 31, 2017			

MATERNAL, CHILD, AND FAMILY HEALTH SERVICES					
Title and Purpose of Study	Sponsor/Principal Investigator/County Staff Liaison	Study Period			
Analysis of Countywide Body Mass Index Surveillance Data	UCSD/Amanda Ratigan/Deidre Browner	February 1, 2015-May 1, 2016			
Mother and Infant Home Visiting Program Evaluation (MIHOPE)	California Home Visiting Program/Thomas Coleman/ Linda Lake	July 26, 2013-Present			

#### **PUBLIC HEALTH NURSING ADMINISTRATION**

No research study to report during this period.

#### **TUBERCULOSIS CONTROL AND REFUGEE HEALTH Title and Purpose of Study** Sponsor/Principal Investigator/County Staff Liaison **Study Period** Wireless Observation of Therapy (WDOT) UCSD/Sara Browne/Rona Rullan-Tangonan October 1, 2012-April 2017 Performance Evaluation of the Genexpert Mycobacterium TB/Rifampin Assay in University of California, San Francisco/Jason Rice/Dr. September 1, 2012-May 2016 the Diagnosis of Pulmonary TB and Rifampin Resistance in a Low-Prevalence Wilma Wooten Setting March 16, 2015-February 28, 2020 VDOT to Monitor Short-Course Latent TB Infection Treatment UCSD/Richard Garfein/Toni Antonio CDC, CDPH/CDPH TBs Branch/Dr. Wilma Wooten TB Epi Consortium (Improvement of San Diego County Public Health System) November 7, 2012-September 28, 2021





Approximately 20 Public Health Services staff members were recognized for achievement during fiscal year 2014-2015, and nine staff completed development trainings. Congratulations to all!

## **Wooten Recognized by San Diego County COI**

**Dr. Wilma Wooten**, Public Health Officer, was recognized for her efforts in a letter from the Senior Director and of the San Diego County Childhood Obesity Initiative (COI) of the Community Health Improvement Partners (CHIP), **Stan Miller**, and staff of CHIP. Dr. Wooten was recognized for the time she took to support the work of the **San Diego County Childhood Obesity Initiative** and **Community Health Improvement Partners** on **September 4. 2015**.

### **Wooten Named Member of Two CDC Committees**

**Dr. Wilma Wooten**, Public Health Officer, was named a member of the Advisory Committee to the Director (ACD) of the Centers for Disease Control and Prevention, in **October 2015**.

She was also named a member of the ACD-State, Tribal, Local, and Territorial Support (STLTS) Subcommittee in **January 2016**.

# **Wooten Recognized by the Association of Black Cardiologists**

**Dr. Wilma Wooten**, Public Health Officer, received the Spirit of the Heart Award for her efforts in eliminating health disparities from the Association of Black Cardiologists (ABC) on **May 14, 2016**. ABC, a non-profit organization with an international membership of 1,700 health professionals, is dedicated to eliminating the disparities related to cardiovascular disease in all people of color.

### Wooten Named Member of PHAB Executive Committee

**Dr. Wilma Wooten**, Public Health Officer, was named a member of the Public Health Accreditation Board (PHAB) Executive Committee in **January 2016**.

### **Wester Elected as President of AIRA**

Robert (Rob) Wester, Epidemiologist II of the Epidemiology and Immunization Services Branch (EISB) of Public Health Services (PHS), was voted as the President-elect to the 2015-2016 American Immunization Registry Association (AIRA) Board of Directors, in early October 2015.

Rob's past work includes being the PHS lead for the San Diego Regional Immunization Registry, and Immunization lead for the Public Health Hub. He was also the Immunization Information System (IIS) Manager. His public service has included positions as biostatistician, program evaluator, and program specialist. He has been involved at the local level with strategic planning and implementation of IIS integration with a regional San Diego Health Information Exchange, as the project lead for Meaningful Use provider integration with the IIS.

# Haynes Received Sheriff's Meritorious Service Award

**Dr. Bruce Haynes**, Medical Director for Emergency Medical Services (EMS), received the Sheriff's Meritorious Service Award from County of San Diego Sheriff's Department on **October 13**, at an awards ceremony that took place at the Marine Corps Air Station Miramar.

Dr. Haynes was recognized for his work in developing a naloxone program for the Sheriff's Department. Naloxone is the antidote to an opiate overdose. Dr. Haynes developed a training and protocol, conducted training, and made many recommendations to ensure the program would be a success. Approximately 11 lives were saved during a six-month pilot program. As a result of the successful pilot program, the department decided to expand it. Dr. Haynes, along with Captain James Bovet, lead the effort to develop a video, conduct training, procure and distribute naloxone, and equip the entire department to administer the life-saving medicine. The award was presented to him by William D. Gore, Sheriff for San Diego County.

# Kleske Recognized as an Outstanding Community Partner by CHIP

Deirdre Kleske, Healthy Works Program Specialist in the Maternal, Child and Family Health Services (MCFHS), Chronic Disease and Health Equity Unit, was recognized as an Outstanding Community Partner for "Community Engagement" by Community Health Improvement Partners (CHIP) at the Crew Rendezvous event, held on October 14, 2015 at the Joe and Vi Jacobs Center in San Diego. Crew Rendezvous is an annual event honoring individuals and organizations that go above and beyond to contribute in meaningful ways to a healthier San Diego. The Community Engagement Award recognized Deirdre for volunteering her time, contributing ideas and expertise, and providing leadership to CHIP to inspire optimal health and well-being.

# Olmeda Received Award from BHCC for Dedication and Service

Juan Olmeda, Border Health Assistant and Communicable Disease Investigator of Public Health Services Administration, Border Health, was recognized at the Border Health Consortium of the Californias Binational Health Summit on October 15, 2015 at the Hospital Angeles in Tijuana, Baja California, Mexico. The award was given for his dedication and service to the border health community. This award was a decision made by the Binational Executive Committee, who wished to recognize all of his wonderful work over the years.

# Dickinson Praised for Work in Emergency Cardiovascular Care

**Sue Dickinson**, Quality Assurance Specialist for **EMS**, received a letter of recognition from City of San Diego Fire Chief **Brian Fennessy** on **January 4**, **2016** for her work as a local planning committee member for the Emergency Cardiovascular Care Update 2015 Conference.

Along with other committee members, Sue spent many months working on planning the event. The conference was a large gathering of resuscitation professionals who met to discuss how to save more lives from Sudden Cardiac arrest. Attendees were treated to a week of classes, workshops, events and a "CPR Saves Lives" march and rally, an unprecedented call-to-action to increase bystander CPR in the community. Sue was recognized by Fennessy for "showcasing our city as a resuscitation leader and for her partnership in saving lives."

### Johnson Awarded 2015 National BioWatch Award

The National BioWatch Program announced on **January 19, 2016** that **Jeff Johnson**, Senior Epidemiologist of the **EISB**, has been awarded the 2015 National BioWatch Award for Excellence in Public Health. BioWatch is a

U.S. federal government program to detect the release of pathogens into the air as part of a terrorist attack on major American cities.

Jeff was nominated by San Diego BioWatch Advisory Committee (BAC) members **Ginger Bailly**, Lead Biological Scientist and **Larissa Chiari-Keith**, Jurisdictional Coordinator. In their nomination letter, both praised Jeff for his role as the Deputy BioWatch Advisory Committee Chair, for his leadership, expertise, and collaborative nature.

Jeff has been the BAC Chair since its inception in 2003. As one of the staunch supporters of the program, he has encouraged collaboration between county, military partners, and local, state, and federal agencies. Due to his leadership, San Diego County has made great strides in military-civilian collaboration, special event planning, epidemiological site profiles, BioWatch notifications, protocol development, and integration with the local intelligence fusion center.

Under Jeff's leadership, the BAC revolutionized how BioWatch notifications are conducted, leading the way for the adoption of an automatic notification system. He has been the key coordinator for multiple joint Department of Defense/Department of Homeland Security pilot projects.

Jeff has also made improvements to the BioWatch Program at the national level by participating in multiple national work groups, such as the Public Health Engagement Network and the National Epidemiology Network. Jeff has also provided presentations on multi-agency response, BAR response, and BioWatch exercises.

### **Anggrainy, Peterman Received Wellness Award**

**Grace Anggrainy**, Administrative Analyst III, and **Stephanie Peterman**, Office Assistant, for **MCFHS**, received the 2015 Employee Wellness Award, a recognition letter, a certificate of completion, and a beach cruiser bicycle from County of San Diego Chief Administrative Officer **Helen Robbins-Meyer** on **February 17**, **2016**, for completing all (seven) required quarterly wellness activities in 2015.

### PHS Staff Recognized for Work on ConnectWellSD

Several PHS staff were recognized on May 2, 2016, for their input and insight in helping design ConnectWellSD, a new information sharing software that will allow County staff and contractors to share information with each other and the customer as well as get a better understanding of community needs with its reporting abilities. Each of the following PHS staff received certificates of appreciation from Carrie Hoff, Deputy Director of ConnecWellSD for their efforts: Annamarie Tirsbier and Eileen Haley of Public Health Nursing Administration, Barbara Stepanski of EMS, Jeff Johnson and Rob Wester of EISB, Lauren Brookshire of HIV,STD, and Hepatitis Branch, Rhonda Freeman of MCFHS, and Nick Yanischeff of PHS Administration.







# **Vital Records Team Receives Three State Recognition Awards**

**Office of Vital Records** received recognition for their outstanding work in 2015 registering birth and death certificates quickly and efficiently.

California Department of Public Health (CDPH) awarded the Birth Registration team on **June 8, 2016** for once again surpassing the statewide goal of registering at least 80 percent of all birth certificates within 10 days of the birth. San Diego County registered a 95.5 percent of the 46,000 births within that time frame, ranking eighth among all California counties. San Diego was the only large county to rank in the top ten

On **June 16**, 2016 the Death Registration team was recognized by CDPH for surpassing the statewide average of registering death certificates within 3.45 hours of receiving the document. San Diego County ranked number one among large counties for 2015 with an average of 1.36 hours, well below the state average! In addition, they received a neverbefore given Special Recognition Award for Quality Control and Proficiency in registering 21,304 records with only 34 records returned for a replacement.

These achievements are possible because of the amazing internal teamwork and the excellent relationships the office has developed with the birth and death staff in local hospitals, as well as with mortuary and medical examiner partners.

Special thanks to **Tahaiti Tinsley**, Birth Registration Supervisor and her team: **Sandra Cesena**, **Jessica Rodriguez** and **Ana Alvarez-Gibson**, and to **Elizabeth Virgen-Santos**, Death Registration Supervisor, and her team: **Michael Alaysa**, **Lisa Castro**, **Daisy Celestino**, **Hilda Lopez** and **Patty Novoa**.

# **County Receives Awards for Implementation of Policy Tech and InsightVision**

County Public Health Services (PHS) received two Achievement Awards for Insight Vision and Policy Tech from the National Association of Counties (NACo) on **June 13**.

The County received the award "Deployment of an Application to Capture Collective Impact" in the category of planning, for InsightVision. InsightVision is the software system used by **Public Health Services** to track the progress of PHS Branch Strategic Plans and the Regional Community Health Improvement Plans (CHIPs). Thanks to **Jackie Werth** of **PHS Administration**, the lead for PHS InsightVision, who prepared the report, and to those branch and regional users of the software.

The other award recognized the County's "Policy Tech Implementation" in

the category of County Administration Management. Policy Tech is the software program the County uses to manage policies and procedures. Policy Tech makes it easier to write, share, update, and review policies and procedures, ensuring consistent communication for our clients and serving as a valuable resource tool for our staff.

Thanks to Annamarie Tirsbier of Public Health Nursing Administration (PHN Admin), the lead for Policy Tech. PHS and PHN Admin provided project oversight and program/policy guidance, Nahid Rastakhiz from Health and Human Services Agency Information Technology (IT) and Hewlett Packard staff Suwanee Pensupa assisted with the IT/Software Set Up for PHS employees, and various PHS and Regional Public Health Center staff participated in pilot prior to implementation. It definitely was a collaborative process and continues to be.

In separate letters to the County regarding both awards, **Brittany Raymond**, Public Affairs Coordinator of NACo, stated "Congratulations to everyone involved, who were able to help develop this innovative program! Your hard work will yield positive results for San Diego County residents."

## **State Honors Gardina for Outstanding Leadership**

Les Gardina of Emergency Medical Services received the Outstanding Leadership Award at the annual Emergency Preparedness Training Workshop (EPTW), sponsored by the California Department of Public Health (CDPH) Emergency Preparedness Office and California Emergency Medical Services Authority Disaster Medical Services Division, held June 27-29, 2016.

Les was chosen among 58 other county disaster program leaders in the State at the workshop, held in Sacramento.

The criteria to be awarded the Outstanding Leadership awards includes:

- Significant contributions and service to public health/medical emergency mitigation, preparedness, response, and recovery;
- Strong advocate of public health/medical practices in the emergency management field;
- Motivates and mentors others in public health/medical emergency response and emergency management; and
- Develops future leaders in public health/emergency management.

The theme of the EPTW conference was "Path to Preparedness." This theme invites EPTW participants to build the path to preparedness through State capabilities and shared best practice.

### **Billups Receives Breastfeeding Award**

**Naomi Billups**, Public Health Nutrition Manager for **Maternal**, **Child**, **and Family Health Services**, was named Breastfeeding Champion from the San Diego County Breastfeeding Coalition in **June 2016**.

Erlin Peraza of Maternal, Child, and Family Health Services (MCFHS) graduated from the Administrative Support Academy in October 2015. The Academy is designed to prepare the County's administrative support staff for the important role they play in the organization's future. The program allows support staff to enhance skills in communication, business writing, customer service, time management, team dynamics, and professionalism.

# Advanced Competencies for the Administrative Professional of the 21st Century Program

Ana Villaescuza of Tuberculosis Control and Refugee Health (TBC-RH) graduated from the Administrative Support Academy and Advanced Competencies for the Administrative Professional of the 21st Century program in **December 2015**. The seven-week ACAP21 program provides skills in customer service, professionalism, communication, teamwork, management, organization, flexibility, and technology.

# **Department of Human Resources Professional Enrichment Seminars**

Karee Hopkins of Epidemiology and Immunization Services (EISB) completed in June 2016 the Department of Human Resources Professional Enrichment Seminars, a five-week training experience designed to prepare the County's top front line employees for the important role they play in the organization's future.

### **Essentials of Supervision Program**

Susanna Boston of MCFHS (October 2015), Karla Lopez of TBC-RH (November 2015), and Catherine Blaser of Public Health Nursing Administration (May 2016) graduated from the Essentials of Supervision Program. This program provides skills needed for growth and development as a supervisor.

### **Finance Academy**

Romina Morris of Public Health Services Administration (December 2015), Edna Lon Trapsi of MCFHS (November, December 2015 and March, April 2016), Melissa Keane of EISB (November, December 2015 and March, April 2016), Daniel Gomez of HIV, STD, and Hepatitis Branch (HSHB) (November, December 2015 and March, April 2016), and Jardiolin Julaton of MCFHS (March, April 2016) graduated from the Finance Academy.

### **Great Leadership Academy**

**Sanaa Abedin** of **Emergency Medical Services (EMS)** graduated from the Great Leadership Academy in **April 2016**.

# The Exchange – Strategies for Managing Conflict in the Workplace

Loreto Negado of EISB, Public Health Laboratory (July 2015), Tahaiti Tinsley of EISB, Vital Records (July 2015), Antonette Antonio of TBC-RH (July 2015), Patricia Melton of HSHB (March 2016), and Les Gardina of EMS (March 2016), completed The Exchange – Strategies for Managing Conflict in the Workplace. This training specializes in promoting collaboration and effective communication practices for managers and supervisors. The training teaches participants how to help people feel understood, respected, included, and appreciated, and in return, will build trust with co-workers.









# **County of San Diego Board of Supervisors**

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District 2—Dianne Jacob

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District 4—Ron Roberts

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**Public Health Officer & Director, Public Health Services** 

Wilma J. Wooten, MD, MPH

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